NWAS Annual Report & Accounts 2023/24

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Annual Report 23/24 CEO & Chair Foreword

We are very happy to introduce this, our 23/24 Annual Report which, as well as our statutory obligations, showcases the achievements of the trust in the last year and the fantastic work that our colleagues have undertaken to improve the service we provide to patients, increase our potential as an employer and improve working lives for our staff.

Patient care is at the core of what we do at North West Ambulance Service NHS Trust (NWAS). We provide help and support in the most difficult and challenging situations – when people are emotional, frightened, worried, and extremely ill. For us to be the first they turn to is a privileged position and no matter what our role in the service – this is what drives us to delivering safe, high quality care.

The past year has been challenging for NWAS and ambulance services across England, with the impact of demand and handover delays at hospitals across our region. Despite this, we have seen significant improvements in our performance compared to last year and so we are hopeful that the initiatives we have put in place are starting to have a positive effect.

Our response to Category 1 and 2 calls shows continued improvement over time. Because these are the most serious and life-threatening calls we receive, we must prioritise our response to these patients, which does sometimes result in longer waits for patients in the low acuity categories. We know that, unfortunately, this may result in a poor experience for them and their families, something no ambulance service wants, and so this remains one of our priorities for the coming year.

We work closely with health and social care partners across the region to establish clinical care pathways for patients that meet their needs without the need for hospital admission or conveyance. This ensures that patients can receive treatment or services within their own homes and ambulances can be available to other patients more quickly.

Like other NHS ambulance services, we have received government investment to improve our response to Category 2 patients, who make up more than half of all 999 calls. We were one of only two ambulance services to meet the interim Category 2 response time target. There was also investment to improve 999 call answering, which allowed us to become one of the quickest ambulance services in the UK, answering calls within two seconds on average.

With the help of the investment we have received, we can recruit and deploy new first responders and expand our ambulance fleet. At peak, we now have 32 extra ambulances and have recruited almost 200 new paramedics and frontline staff. Emergency ambulance service hours have increased by more than 2,500 hours per week compared to March 2023.

A key determinant of ambulance availability and responsiveness is the time it takes for an ambulance patient to be transferred to hospital care and for the ambulance to return to service – known as hospital handovers. This is an issue that is recognised across the country and is by no means unique to NWAS and we continue to work closely with colleagues in Integrated Care Boards (ICBs) and acute care settings to reduce these.

We have continued to strengthen our Resilience and Special Operations Teams this year, enhancing our ability to respond to a major incident. This included the introduction of new leadership positions, a recruitment drive for our Hazardous Area Response Team (HART), and 40 new staff volunteers joining our Special Operations Response Team (SORT). We also commissioned a new major incident response fleet of 18 vehicles, and work began on a bespoke HART station and training centre on the site of our former Cheshire and Merseyside area office, Elm House, in Aintree.

The Patient Transport Service (PTS) contracts for Merseyside, Greater Manchester, Lancashire, and Cumbria expired in 2024 but were extended to 31 March 2025. During the year, we submitted bids for the new contracts for the period 2025-2030 across three lots; Cheshire and Merseyside, Greater Manchester, and Cumbria and Lancashire. At the time of publication of this report, we are still waiting the outcome.

Our priority for PTS in 2023/24 was to develop and implement an improvement plan to improve operational and financial efficiency, with the main objective to reduce reliance on third party resource. Daily spend on third party private ambulances has more than halved over the eight months that the improvement plan has been in place.

As well as the financial investment and improvements to our frontline resources, we have also invested in our most important asset – our staff.

Without a happy, healthy, and committed workforce, we could not do what we do and each time we meet with colleagues, we are in awe of their enthusiasm and dedication to our patients.

We were pleased to see our highest ever NHS Staff Survey response this year and to be recognised as the most improved NHS organisation across the North West. The results give us a wealth of information on how we can improve working lives and make NWAS an organisation that people strive to join and then want to stay and progress.

We want our people to develop, progress and enhance their careers with us and with more than 300 different roles within the organisation, there is a wealth of opportunity.

Throughout the year we continued our commitment to enabling inclusive workplace environments where all our members of staff are supported to reach their full potential.

In 2023/24, we introduced our new Reverse Mentoring Programme, additional leadership training sessions to raise awareness of what it means to be an inclusive leader, internal and external events that encourage communication and voicing concerns, as well as amending our style guide to help ensure the correct pronunciation of people's names.

For a second successive year, we were awarded the Employers Network for Equality and Inclusion's (ENEI) Gold Standard for Talent Inclusion and Diversity Evaluation (TIDE).

As a trust, we were one of only 15 gold standard winners out of 171 global entries, from across 26 different sectors. Overall, we scored 95% which placed us as the second highest ranked organisation out of all entries globally.

In November, we were reaccredited as 'Veteran Aware' by the national steering group for the NHS Veteran Covenant Healthcare Alliance (VCHA) – which demonstrates that we support the armed forces community as an employer, and ensures that veterans, reservists, and other members of the armed forces community amongst our workforce are looked after.

As part of our commitment to the Armed Forces Covenant, in February 2024 we also introduced a guaranteed interview scheme for Armed Forces personnel to help veterans, currently serving reservists and cadet force adult volunteers gain employment within NWAS.

While targets are important, there are lots of other ways which are not strictly measured that we can demonstrate our expertise in patient care and our commitment to being a forward thinking, modern NHS trust.

As well as their day to day roles, many of our people work hard to improve health care in the system as a whole and to influence new ways of working. Our Consultant Midwife Dr Stephanie Heys became one of the first senior research leaders selected for the National Institute for Health and Care Research (NIHR) Senior Research Leader programme. This landmark nursing and midwifery programme is aimed at helping the research potential of senior nurses and midwives across the country.

We developed a new partnership initiative to identify undiagnosed high blood pressure was successfully piloted to help identify previously unknown cases of hypertension, and we are now working to scale this up to be rolled out region wide.

Our Digital Innovation Team were recognised for their outstanding contribution to healthcare in 2023/24, when they were awarded the 'Enhancing Workforce Engagement, Productivity and Wellbeing Through Digital Award' at the inaugural HSJ Digital Awards.

In November we received a national Helpforce Champions Award after one of our volunteering initiatives was recognised for saving hundreds of hours of ambulance time by getting patients in less serious conditions the right care more quickly.

And in March, two of our new projects became finalists at the national HSJ awards. Our NWAS 111 Call Improvement Project was shortlisted in Improving Urgent and Emergency Care through Digital and Digital Organisation of the Year categories, and our Electronic Patient Record (EPR) programme was shortlisted in the Improving Out-of-Hospital Care through Digital category.

The 111 Call Improvement Project introduced a system that allows patients phoning the NHS 111 service to input their details online while they are waiting to speak to a call handler. Patients then receive health advice via text message as a reminder of what they have been advised over the phone.

As always, it would be remiss of us to not mention the outstanding contribution of all our volunteers. We are very fortunate to have the assistance of members of community who support us and give up their free time to do so.

There are three ways to become an NWAS volunteer – either as a community first responder (CFR) attending incidents to provide immediate care while the ambulance is en route, our volunteer car drivers (VCDs) who use their own transport to take patients to outpatient appointments, and by no means least, our Public Patient Panel who give a community perspective on our new initiatives and projects.

In June we hosted our first combined volunteer celebration event to thank and recognise the fantastic efforts of our volunteers we have across the North West. The support, time and enthusiasm of these hundreds of people is very much appreciated, and you can read more about the work they do in this report. If you would like to become an NWAS volunteer, please do have a look at the 'Get Involved' section of our website.

Thanks must also go to our trade union representatives. Their knowledge and experience are invaluable and their dedication to supporting their members is admirable. While at times, we may sit at different sides of the table, ultimately, we share the same objectives which is the welfare of our staff and patients. We look forward to working jointly on the many areas of work ongoing, especially the continuing work to improve the culture of the ambulance service.

We do hope what you read you find interesting, surprising, new, and positive. You may be reading this as an interested party or you may be considering joining NWAS as an employee, a volunteer, supporting our charity or working in partnership with us – we are always keen to hear your views and feedback.

Peter White
Chairman

Daren Mochrie QAM, MBA, Hon DHC, Dip IMC RCSEd, MCPara
Chief Executive

Performance Report

The trust's Performance Report has been prepared under direction issued by the Department of Health and Social Care Group Accounting Manual 2023/24 in accordance with Chapter 4A of Part 15 of the Companies Act 2006, as amended by SI 2013 No 1970. *The Companies Act 2006 (Strategic Report and Directors' Report) Regulations 2013.*

The Accountable Officer is responsible for preparing the Annual Report and Accounts and considers taken as a whole they are fair, balanced and understandable.

Daren Mochrie QAM, MBA, Hon DHC, Dip IMC RCSEd, MCPara
Chief Executive

Date: 19 June 2024

Performance Overview

The purpose of the overview section is to provide:

- A statement from the Chief Executive Officer providing an overview of the performance of the trust during 2023/24.
- A statement of the purpose and activities of the trust, including a brief description of the business model and environment, organisational structure, objectives and strategies.
- A synopsis of the performance analysis and assessment of the trust's progress towards delivering its objectives
- Details of the key issues and risks that could affect the trust in delivering its objectives and affect the trust in delivering its objectives.
- An explanation of the adoption of the going concern basis where this might be called into doubt.

Chief Executive Statement

On 5 May 2023, the World Health Organisation (WHO) officially declared the end of the COVID-19 pandemic. Looking back now, it seems a long time ago when NHS trusts such as ours had to evolve and adapt to a global pandemic that had such a devastating impact.

I can safely say that we are now starting to see an end to the effect the pandemic had on ambulance services and the trust is now operating on a more 'business as usual' level.

That's not to say we haven't changed. We are most definitely not the organisation we were pre-pandemic. We have modernised, innovated, and improved and I am pleased to say that we are seeing the benefits of the initiatives and work we have put in place.

It was very pleasing to see that our response to the serious and life-threatening Category 1 and 2 calls improved significantly in 2023/24 and we hope to see this continue into the next year.

Our 999 services saw a period of reduced pressure and volume of incidents over the year, but we did still experience significant hospital delays and unforeseen issues such as industrial action within the healthcare system.

NHS England launched an urgent and emergency care recovery plan, from which we received additional funding. Some of this was invested in improving Category 2 performance to under 30 minutes and we were only one of two ambulance services to achieve this. A reduction in the number of Category 2 long-waits (over four hours), has helped to improve clinical outcomes and increase the safety of the service we provide.

While we still have work to do to improve our performance against national set targets, our Category 1 performance has also stabilised within 2023/24, maintaining our position as third best performer in England.

Our 999 call-pickup performance was one of the best in the county at around two seconds on average.

These improvements were aided by a reduction in 999 calls, an increase in staff numbers and the expansion of our ambulance fleet. Our investment has resulted in an additional 2,500 operational ambulance hours every week compared to March 2023.

We have worked closely with our health and social care partners across the region to establish clinical care pathways for patients that meet their needs without a journey to hospital. During 23/24, we responded to more face-to-face incidents, with feedback from our colleagues across the region indicating that patients are presenting with more complex needs. However, we have been able to close more than 40% of incidents with advice on the telephone or by a referral to an alternative service. This provides the patient with a more comfortable and appropriate service better suited to their needs and contributes to relieving the pressure on our NHS colleagues.

Out of the pandemic, we are also seeing improvements in the performance of our 111 service, particularly in call handling. Our call pick up time has improved by ten per cent and we are seeing less calls being abandoned as a result.

I am really pleased to see our 111 service continue to innovate. In March, 111 became finalists at the national HSJ awards with the NWAS 111 Call Improvement Project being shortlisted in the Improving Urgent and Emergency Care through Digital and Digital Organisation of the Year category. The project introduced a system that allows patients phoning 111 to input their details online while they are waiting to speak to a call handler. Patients then receive health advice via text message as a reminder of what they have been advised over the phone.

During 23/24, the Resilience team prepared and responded well with many challenges over the past 12 months, and significant work continued regionally and nationally with partners relating to the Manchester Arena Inquiry recommendations. We invested in resources to ensure all recommendations were reviewed and action taken, and this work continued through 2023/24. Out of the 14 monitored recommendations 13 have now been completed and have become ‘business as usual’.

The board also approved a business case for a new facility for our Hazardous Area Response Team (HART) which is being built at our former Cheshire and Mersey Area Office in Aintree. The project is due for completion in summer 2025 and will provide state of the art training facilities for our teams.

The Patient Transport Service (PTS) contracts for Merseyside, Greater Manchester, Lancashire, and Cumbria expired in 2024 but were extended to 31 March 2025. During the year, we submitted bids for the new contracts for the period 2025-2030 across three lots; Cheshire and Merseyside, Greater Manchester, and Cumbria and Lancashire and at the time of publication of this report, we are still waiting the outcome.

Our priority for PTS in 23/24 was to develop and implement an improvement plan to improve operational and financial efficiency, with the main objective to reduce reliance on third party resource.

We wanted to go back to basics and ensure that all functions were aligned to the same simple objectives, improve our patients' experience and to deliver a sustainable, competitive service. Sometimes the easiest solution is the simplest one!

All I have mentioned here is a snapshot of what we have achieved this year and have been expanded upon within this Annual Report.

History of the Trust

North West Ambulance Service (NWAS) was established on 1 July 2006 following the merger of the Cumbria, Greater Manchester, Lancashire, and Mersey Regional ambulance trusts. As one of the largest ambulance trusts in England, NWAS provides services to a population of more than seven million people across approximately 5,400 square miles in the communities of Cumbria, Lancashire, Greater Manchester, Merseyside, Cheshire, and Glossop in Derbyshire.

The trust employs 7,415 staff who operate from over 100 sites across the region and provide services for patients in rural and urban communities, in coastal resorts, affluent areas and in some of the most deprived inner-city areas in the country. We also provide services to a significant transient population of tourists, students, and commuters.

The North West region is one of the most culturally diverse areas in England, with over 50 different languages spoken by members of the community. Consequently, the trust places considerable emphasis on equality and diversity and public engagement activities to ensure that our services are accessible to all members of the community.

A strategic focus is to collaborate with our integrated care systems (ICS) and integrated care boards (ICB) to support the delivery of public and population health agendas and urgent and emergency care services. We are the only regional NHS organisation in the North West that operates across five ICSs:

- Lancashire & South Cumbria Health & Care Partnership
- Cheshire & Merseyside Health & Care Partnership
- Greater Manchester Health & Social Care Partnership
- North East & North Cumbria ICS
- Joined Up Care Derbyshire (which includes Glossop)

Our shared purpose, vision and values

At NWAS, we are connected by a shared purpose; *to help people when they need us most*. We aim to achieve the best possible physical and mental health outcomes for each person who needs us. We will provide high-quality emergency care to save lives and make a difference to people with life-threatening illnesses or injuries. For those with less serious conditions, we will tailor our response to each person's needs. This may include urgent clinical assessment, advice over the phone, referring them elsewhere or alternative transport for scheduled appointments.

Our vision is to **deliver the right care, at the right time, in the right place; every time**. Each element of our vision has a clear definition;

- **Right care** means that we will provide outstanding care that is safe, effective, and focused on the needs of the patient;
- **Right time** means that we will achieve all operational performance standards for our paramedic emergency service, NHS 111, and patient transport service;
- **Right place** means that we will provide care in the most appropriate setting for each patient's needs, taking fewer people to emergency departments by providing safe care closer to home or referring people to other health and care pathways;
- **Every time** means that we will provide services which are consistent, reliable, and sustainable.

To deliver our vision, everyone at NWAS is expected to embody our values: "working together," "being at our best" and "making a difference." Our values guide the behaviours that underpin all that we do; putting our values into practice supports us to provide compassionate care and improve outcomes and experiences for our people, patients, and communities.

Our 2022-2025 Trust Strategy

During 2021/22; we began an ambitious programme of work to review and rewrite the Trust Strategy and the organisation's supporting and enabling strategies, as well as reviewing and refreshing our organisational planning processes to ensure alignment to the new strategies.

As part of the development of the Trust Strategy, extensive work was completed to understand what staff, volunteers, patients, and service users felt was important for us to focus on over the next three years. This, coupled with extensive analysis of performance data from each of our service lines, informed our trust strategy aims and objectives which were finalised and approved in May 2022.

During 2023/24 we have developed and implemented our supporting strategies in the areas of Quality, People, Service Development and Sustainability, which specify our three-year measures of success. Each of these strategies has a supporting roadmap which outlines our direction of travel for the coming years and in turn supports our annual planning process. We are also in the process of signing off our Estates and Fleet Strategic Plan and our Digital Strategic Plan which underpin all the strategies and enable the trust to deliver on its strategic aims and objectives.

Aims

Our three, organisational, aims provide a framework of what we will focus on between 2022-2025, to achieve our vision:

Aim 1: Provide high quality, inclusive care
We recognise there are health differences between groups in the communities we serve. We will listen to understand and make sure our services are accessible to everyone. We will work to prevent harm while using learning and research to continuously improve patient care and experience. To achieve this aim, we must create the conditions to provide care which is:

- Safe
- Effective
- Person-centred

Aim 2: Be a brilliant place to work
We will create an environment where our people feel happy and safe, have access to equal opportunities and are supported to be at their best. We will be a brilliant place to work by:

- Looking after our people
- Investing in our people
- Leading our people compassionately

Aim 3: Work together to shape a better future
We will work together to improve the services we provide. We will work with our partners and the public to find solutions which improve access, outcomes, and experience for everyone. We will work together to become more sustainable and have a positive effect on our communities and environment. To deliver this aim, we will work together, internally, with partners across the North West, and with communities to work towards:

- One NWAS
- One North West
- One future

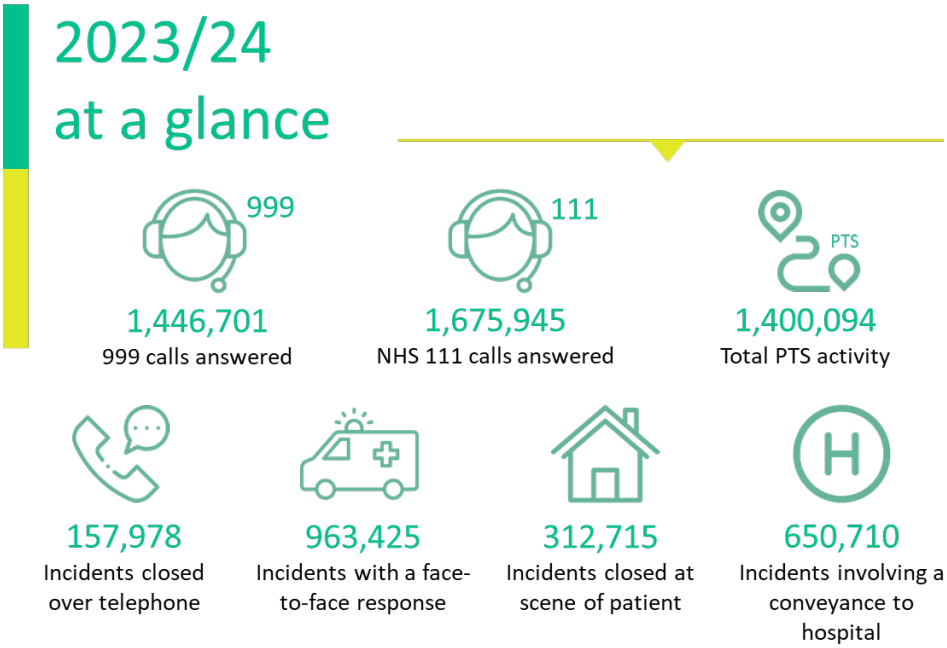
Our commitment to equality, diversity and inclusion extends beyond the lifespan of the Trust Strategy, but between 2022-2025, through delivery of our aims, we will focus on the following priorities:

- Making sure everyone who works for NWAS has fair job and career progression opportunities which will improve diversity and representation at all levels of the organisation:
- Educating and developing our leaders and people to improve understanding of racism, discrimination, and cultural competence to deliver a step change in the experience of our people and patients;
- Using patient data and experience to drive improvements in access and health inequalities, for people from diverse communities.

Our Services:

	**NHS 111** deliver services for the Northwest region and are major contributors to the delivery of integrated urgent care. We signpost patients to the most appropriate care highlighted to them following triage and informed by the Directory of Services**.**
	**Emergency Operation Centres (EOC)** receive and triage 999 calls from members of the public as well as other emergency services. EOC staff provide advice and dispatch an ambulance service to the scene as appropriate. The Clinical Hub (CHUB) is based within the EOC, assesses patients via telephone and provides the most appropriate care based on that assessment. This may be an ambulance (either emergency or urgent care), GP referral, referral to other services or self-care.
	**Paramedic Emergency Service (PES)** services are delivered by solo responders, double crewed ambulances and approved private providers who together deliver 999 emergency care for the population of the Northwest.
	**Resilience:** Our hazardous area response team (HART) and resilience teams are specially trained and equipped paramedics to provide ambulance response to high-risk and complex emergency situations, including major incidents. They respond to major incidents to deliver our statutory responsibilities as a Category 1 responder under the Civil Contingencies Act 2004.
	**Patient Transport Services (PTS)** provide essential transport to non-emergency patients in Cumbria, Lancashire, Merseyside, and Greater Manchester, who are unable to make their own way to or from hospitals, outpatient clinics or other treatment centres.
	**Volunteering**: we have one of the largest and longest-established community first responder (CFR) schemes in England, with CFRs operating across all areas of the Northwest, providing an effective, complementary service in their local communities.

As well as providing clinical services to patients, we provide a wide array of specialist, non-clinical corporate services. These wider teams offer a unique variety of services, for example, estates and facilities, communications, risk management, digital, vehicle maintenance, finance, and human resources.



Ambulance Response Programme

The Ambulance Response Programme (ARP) is a framework for ambulance trusts to deliver its service meeting the needs of its patients. The fundamental underpinning principle of ARP is to use the right resource at the right time in the right place, all in line with our strategic aim. The delivery of ARP standards throughout 23/24 has been varied. There have been periods in which we have met the response times, but despite everyone's best efforts, it has been a challenge to consistently achieve the standards. During quarter 4 23/24, challenging performance system wide adversely affected our response times however this is not a reflection on the high-quality care our patients receive. A snapshot of our ARP performance during 23/24 is shown below:

CQC Rating

The CQC carried out a focussed inspection of Lancashire and South Cumbria Integrated Care System (ICS) and Cheshire and Merseyside ICS in 2022. The service lines included: emergency and urgent care, emergency operations centre and NHS 111. Whilst this was not a 'ratings' inspection, the trust maintained our 'Good' rating.

	Safe	Effective	Caring	Responsive	Well-led	Overall
Provider Wide	Good	Good	Good	Good	Good	Good
Emergency and Urgent Care	Good June 2020	Good June 2020	Good June 2020	Outstanding June 2020	Good June 2020	Good June 2020
Emergency Operations Centre	Good June 2020	Good June 2020	Good June 2020	Good June 2020	Good June 2020	Good June 2020
Patient Transport Service	Good Jan 2017	Good Jan 2017	N/A	Good Jan 2017	Requires improvement Jan 2017	Good Jan 2017
Resilience	Good Nov 2018	Good Nov 2018	Good	Good Nov 2018	Good Nov 2018	Good Nov 2018
111	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017

Statutory & Regulatory Financial Duties

We are required to achieve a number of statutory and regulatory financial duties. These are:

- Statutory duty to break even year on year and a regulatory duty to break even each and every year.
- Regulatory duty not to exceed the External Financing Limit set by the Department of Health and Social Care.
- Regulatory duty to contain capital expenditure, on an accruals basis, within approved Capital Resource Limits.
- Regulatory requirement to achieve the Capital Cost Absorption Duty.
- Regulatory duty to apply the Better Payment Practice Code.

In 2023/24, we achieved all these duties.

In 2023/24 our income was £498.362 million and was generated from the following activities:

Income from Activities	2023/24
	£000
PES Income	389,444
PTS Income	51,930
111	32,463
Other Income	24,525
Total Income	**498,362**

Key Risks to Delivering Objectives

2023/24 Strategic Risks

The key strategic risks were focussed on quality and patient safety, financial sustainability, operational performance, workforce, and cyber security.

The following list denotes the key strategic risks during 2023/24:

1. There is a risk that we do not provide high quality, inclusive care leading to avoidable harm, poorer patient outcomes and reduction in patient satisfaction.
2. There is a risk that we cannot achieve financial sustainability impacting on our ability to deliver high quality (safe and effective) services.
3. There is a risk that we do not deliver improved national and local operational performance standards resulting in delayed care.
4. There is a risk that we will be unable to maintain safe staffing levels through effective attraction, retention, and attendance of sufficient suitably qualifies staff impacting adversely on delivery of performance standards and patient outcomes.
5. There is a risk that we do not deliver our People Strategy to improve culture and staff engagement, this may impact on us being a brilliant place to work.
6. There is a risk that non-compliance with legislative and regulator standards could result in harm and/or regulatory enforcement action.
7. There is a risk that we do not work together with our partners in the health and social care system to shape a better future leading to poor effects on our communities and the environment.
8. There is a risk that we suffer a major cyber incident due to persistent attempts and/or human error resulting in a partial or total loss of service and associated patient harm.
9. There is a risk that we continue to attract negative media attention arising from lengthy delays and harm leading to significant loss of public confidence.
10. There is a risk that the level of uncertainty and unpredictability both nationally and regionally impacts on, or results in, delayed achievement of our strategic priorities and objectives.

Future 2024/25 Strategic Risks

The key strategic risks were focussed on quality and patient safety, financial sustainability, operational performance, workforce, and cyber security.

The following list denotes the key strategic risks identified for 2024/25:

1. There is a risk that the trust does not provide high quality, inclusive care leading to avoidable harm, poorer patient outcomes and reduction in patient satisfaction.
2. There is a risk that the trust cannot achieve financial sustainability impacting on its ability to deliver high quality (safe and effective) services.
3. There is a risk that the trust does not deliver improved national and local operational performance standards resulting in delayed care and/or harm.
4. There is a risk that the trust will be unable to maintain safe staffing levels through effective attraction, retention and attendance of sufficient suitably qualified staff impacting adversely on delivery of performance standards and patient outcomes.
5. There is a risk that the trust does not improve its culture and staff engagement adversely impacting on retention and staff experience
6. There is a risk that non-compliance with legislative and regulatory standards could result in harm and/or regulatory enforcement action
7. There is a risk that the trust does not work together with our partners in the health and social care system to shape a better future leading to poor effects on our communities and the environment
8. There is a risk the trust suffers a major cyber incident due to persistent attempts and/or human error resulting in a partial or total loss of service and associated patient harm
9. There is a risk that the trust continues to attract negative media attention arising from lengthy delays and harm leading to significant loss of public confidence
10. There is a risk that the level of uncertainty and unpredictability both nationally and regionally impacts on, or results in, delayed achievement of our strategic priorities and objectives.

The Annual Governance Statement provides further information relating to how the Board of Directors maintain strategic leadership and oversight of risk management arrangements.

System Oversight Framework

NHS England's System Oversight Framework provides the framework for overseeing systems and providers and identifies potential support needs. The framework is built around five national themes that reflect the ambitions of the NHS Long Term Plan, NHS People Plan and the shared local ambitions and priorities of individual ICSs:

- Quality of care, access, and outcomes
- Preventing ill health and reducing inequalities
- Finance and use of resources
- People
- Leadership and capability

As part of the NHS England's oversight, performance is monitored across each of these themes whereby providers are allocated to 1 of 4 segments that identify the nature of support needs. Segment 1 reflects no specific needs and segment 4 reflects providers that require mandated intensive support.

NHSE has assessed the trust as being in segment 2, which by default, all ICSs and trusts are allocated unless the criteria for moving into another segment are met.

Further information in relation to the System Oversight Framework can be found here: https://www.england.nhs.uk/nhs-oversight-framework/

Going Concern

After making enquiries, the Board of Directors have a reasonable expectation that the services provided by North West Ambulance Service NHS Trust will continue to be provided by the public sector for the foreseeable future. For this reason, the Directors have adopted the going concern basis in preparing the accounts, following the definition of going concern in the public sector adopted by HM Treasury's Financial Reporting Manual. Detailed guidance in respect of going concern is set out in International Accounting Standard (IAS1) and the interpretation for the Public Sector context is set out in the Financial Reporting Manual (FREM) and the Department of Health and Social Care Group Accounting Manual (GAM) 2023/24. The trust's Letter of Representation for 2023/24 to Mazars LLP as external auditors refers to NWAS preparing its accounts on a going concern basis.

Working with ICSs and Partners

NWAS has worked with ICB UEC teams, places, and providers across the North West to continue to progress the UEC recovery plan and the key deliverables as highlighted in the Joint Forward Plans submitted in June 2023. A key area of focus included: the development of pathways to reduce conveyance to emergency departments, achievement of the Category 2 mean response within 30 minutes and reduction in hospital handover delays.

This year a strategic focus for us has been the opportunity to work in partnership with the Integrated Care Systems (ICS) and newly formed Integrated Care Boards (ICB) to support the delivery of urgent and emergency care pathways and public/population health agendas. ICSs have brought together commissioners of NHS services with health and care providers and other partners who work together to deliver services which meet the needs of specific populations.

While there are challenges with working across many ICS areas, we have gained experience as a key partner within the Urgent and Emergency Care (UEC) system. We deliver UEC services across a large area and have valuable data and insight which helps to identify opportunities for improvement, share learning and best practice. The future of integration needs health and care providers to work together and with patients to design services around people's needs, with a focus on preventing serious health problems and reducing health inequalities. We have an opportunity to work together within our ICSs to support this work and help people when they need us most.

To fully participate and be engaged with stakeholders, we have continued to progress system collaboration in achieving shared goals, enhancing NWAS' role as a proactive, trusted partner. We have further developed arrangements with partners that will support system working going forward and enable us to engage effectively and efficiently with partners to ensure a common working together approach.

The capital resource of the trust is managed as part of the overall capital envelope of the Lancashire and South Cumbria ICB. We have managed agreed capital resource of £25,446k with spend for the year within this capital limit.

Our Partnerships and Integration Team works across the ICSs that are taking shape across the region, building effective and efficient stakeholder relationships, ensuring a working together approach between ourselves and all external stakeholders and partners, across traditional and new objectives. The team works with internal directorates and external partners, supporting the stronger emphasis on integrated care which is focused on local places, populations, and systems. A lead Partnerships and Integration Manager (PIM) is in place for each ICS area, alongside NWAS' cross directorate senior leadership teams and executive lead.

The Trust Strategy 2022-25 sets the trust's vision and aims and supports the goals of all partners within the system. The annual planning process has been designed to facilitate delivery of the trust's strategic objectives, which is supported by key strategies developed during 2023-24.

Due to the ever changing internal and external environment, annual reviews of the Trust Strategy are undertaken to identify whether it remains relevant and to identify key areas of focus for the following year, this

process informs the development of the trust's Annual Plan which is approved by the Board of Directors. Assurance of progress against the key drivers within the Annual Plan is reported to the Resources Committee and Board of Directors on a quarterly basis.

The Board Assurance Framework (BAF) provides an effective metric for oversight of the organisation's strategic risks ie those which could prevent the trust from achieving its corporate objectives and links with the trust's strategic aims, objectives, and vision. Further information regarding the effectiveness of the BAF can be found within the Annual Governance Statement.

Exercise of functions in relation to Health Inequalities

Background

NHS England's statement on information on health inequalities (duty under section 13SA of the National Health Service Act 2006) was published on the 27th November 2023, describing the powers available to relevant ICBs, NHS trusts and NHS foundation trusts to collect, analyse and publish information in relation to health inequalities, and NHS England (NHSE) views on how those powers should be exercised in connection with such information.

NWAS is required to review the extent to which the trust has exercised its functions consistently to the statement, and to include a report as part of the trust's Annual Reports 2023/24 and 2024/25, aligned to the trust's annual reporting guidance. Appendix 1 in the statement specifies a list of indicators that should be published alongside the report, explain whether the information has been published, summarise the inequalities it reveals, and explain how the information has been used to guide action. The indicators selected for inclusion in this statement are aligned where possible to the five priority areas for addressing healthcare inequalities set out in the 2023/24 priorities and operational planning guidance and the Core20PLUS5 approach for adults and children and young people, and should be provided disaggregated by age, sex, deprivation, and ethnicity. The table below provides an outline of the indicators requested.

In addition to the indicators above, relevant NHS bodies can report other information on health inequalities relevant to local populations or priorities as they consider appropriate and at their discretion. This could include reporting progress on inequalities identified as priorities for ICS partners in the Integrated Care Strategy or the Five Year Joint Forward Plan, or services co-commissioned by the ICB with its local authorities.

The expectation from NHSE on how the statement will help address health inequalities is that by having good quality, robust data, this will enable NHS organisations to understand more about the populations they serve, and to enable identification of groups that are at risk of poor access to healthcare, poor experiences of healthcare services, or outcomes from it, and deliver targeted action to reduce healthcare inequalities. The duty to report information on health inequalities will encourage better quality data, completeness, and increased transparency.

Domain	Indicator	Healthcare inequalities priority	CORE20PLUS approach
Elective recovery	Size and shape of waiting list, those waiting longer than 18, 52 and 65 weeks	Priority 1 - Restore NHS services inclusively	
	Age standardised activity rates with 95% CI for elective and emergency admissions, and outpatient, virtual outpatient, and emergency attendances	Priority 1 - Restore NHS services inclusively	
	Elective activity vs pre-pandemic levels for under and over 18-year-olds		
UEC	Emergency admissions for under 18-year-olds		
Respiratory	Uptake of COVID and flu vaccines by socio-demographic group	Priority 4 – Accelerate preventative programmes that proactively	Yes

Domain	Indicator	Healthcare inequalities priority	CORE20PLUS approach
		engage those at greatest risk of poor health outcomes	
Mental Health	Overall number of severe mental illness (SMI) physical health checks	Priority 4 – Accelerate preventative programmes that proactively engage those at greatest risk of poor health outcomes	Yes
	Rate of total Mental Health Act detentions		
	Rates of restrictive interventions		Yes
	NHS Talking Therapies recovery	Priority 1 - Restore NHS services inclusively	Yes
	Children and young people's mental health access	Priority 1 - Restore NHS services inclusively	
Cancer	Percentage of cancers diagnosed at stages 1 & 2, case mix adjusted for cancer site, age at diagnosis, sex		Yes
CVD (Cardiovascular disease)	Stroke rate of non-elective admissions (per 100,000 age-sex standardised)	Priority 4 – Accelerate Preventative programmes that proactively engage those at greatest risk of poor health outcomes	Yes
	Myocardial infarction – rate of non-elective admissions (per 100,000 age-sex standardised)		
	Percentage of patients aged 18 and over with GP recorded hypertension in whom the last blood pressure reading is below age-appropriate treatment threshold		
	Percentage of patients aged 18 and over with no GP recorded CVD and a GP recorded QRISK score of 20% or more, on lipid-lowering therapy		
	Percentage of patients aged 18 and over with GP recorded atrial fibrillation and a record of CHA2DS2-VASc score of 2 or more who are treated with anticoagulant drug therapy		
Diabetes	Variation between % of people with Type 1 and Type 2 diabetes receiving all eight care processes		Yes
	Variation between % of DPP referrals from the most deprived quintile and % of Type 2 population from the most deprived quintile	Priority 4 – Accelerate preventative programmes that proactively engage those at greatest risk of poor health outcomes	
Smoking	Proportion of adult acute inpatient settings offering smoking cessation services	Priority 4 – Accelerate preventative programmes that proactively engage those at greatest risk of poor health outcomes	Yes
	Proportion of maternity inpatient settings offering smoking cessation services		Yes
Oral Health	Tooth extractions due to decay for children admitted as inpatients to hospital, aged 10 years and under		Yes
Learning disabilities and autism	Learning Disability Annual Health Checks		Yes
	Adult mental health inpatient rates for people with a learning disability and autistic people		Yes
Maternity	Preterm births under 37 weeks		Yes

NWAS report - List of indicators specified in NHS England Statement

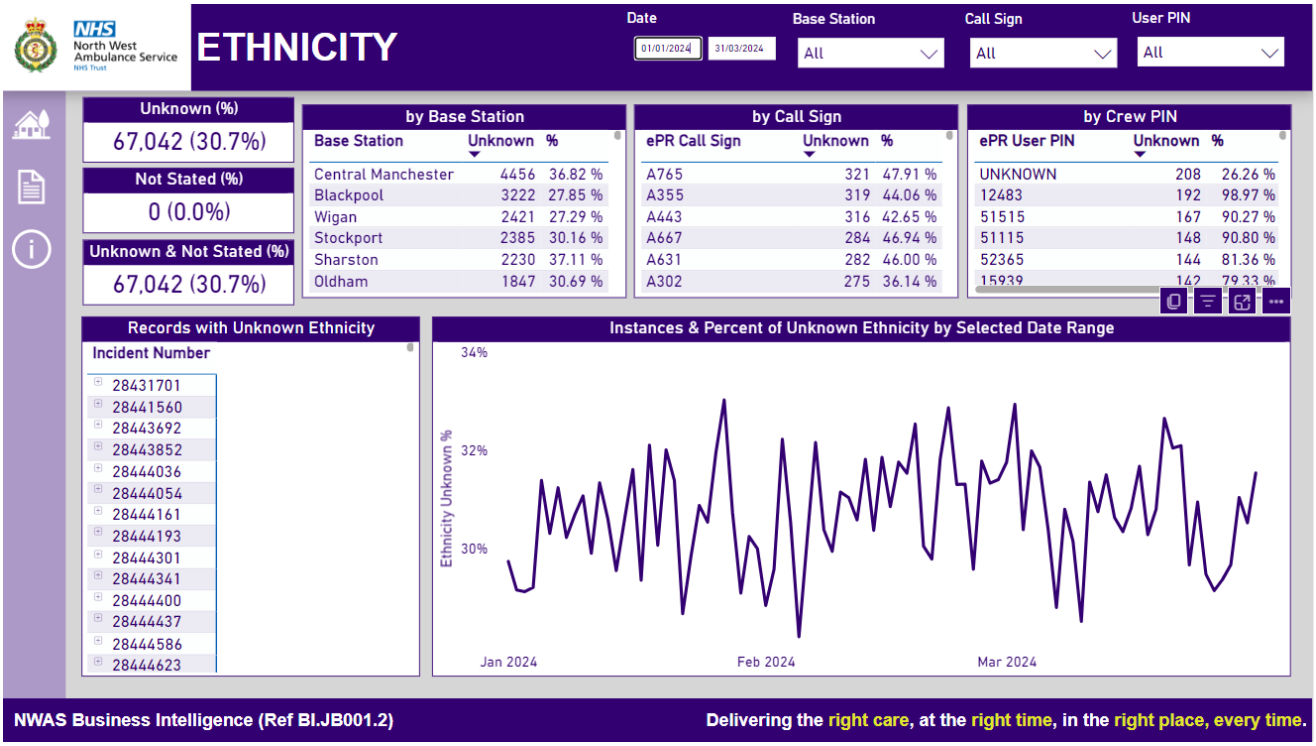
In relation to the indicators specified in the statement, NWAS do not collect nor report any of these indicators, these relate to acute trusts and GP data. Nevertheless, we are engaging in conversations with ambulance trust networks (Northern Ambulance Alliance (NAA) and Association of Ambulance Chief Executives (AACE)), about exploring producing a set of indicators in 2024-25 for the domains specified in the NHSE statement but based on ambulance trusts activity. This alternative indicator set could provide a complementary picture of health inequalities in a population, by including patients that are primarily serviced by the ambulance sector. Initial exploratory work has been carried out by one ambulance trust who has a Public Health Analyst on site.

Additional information on data activities aimed at supporting the reduction of health inequalities

The sections below report on the main activities carried out during 2023-24 that enable us to understand more about the health inequalities in the populations we serve. As considered relevant, we mention activities carried out in previous years for context. An assessment of our maturity for effective action towards reducing health inequalities (Public Health report) showed we are *"Developing, building up good practice."* In this section we expand on data-related work to enable identification of groups at risk of poor access to healthcare, poor experiences of healthcare services, or outcomes from it, and how we are working with our staff and partners to deliver targeted action to reduce healthcare inequalities.

Data collection

NWAS is a data-rich organisation as evidenced by the volume of calls received through our three service lines. Across these, we collect the patient demographic data requested in this statement: age, sex, gender and incident or home postcode that can be linked to deprivation index data. Where system interoperability allows, demographic data is auto populated, however, auto population of ethnicity is not enabled through the NHS Spine. Overall, ethnicity completion in 111 is consistently high (over 95% excluding 'unknowns') but for 999 the pressing nature of emergency calls and incidents restricts call handlers and crews' capacity to collect this information – Electronic Patient Records (EPR) Clinical Audit data from Q4 indicates around 31% of records have 'unknown' ethnicity. NWAS is working with internal and external partners to improve collection of ethnicity data. Internally, the BI team have worked on a retrospective completion solution of CAD data using data available to us; and externally, we are engaging in conversations with our partners, including regional networks and AACE, to ask NHSE to facilitate NHS Spine flow.



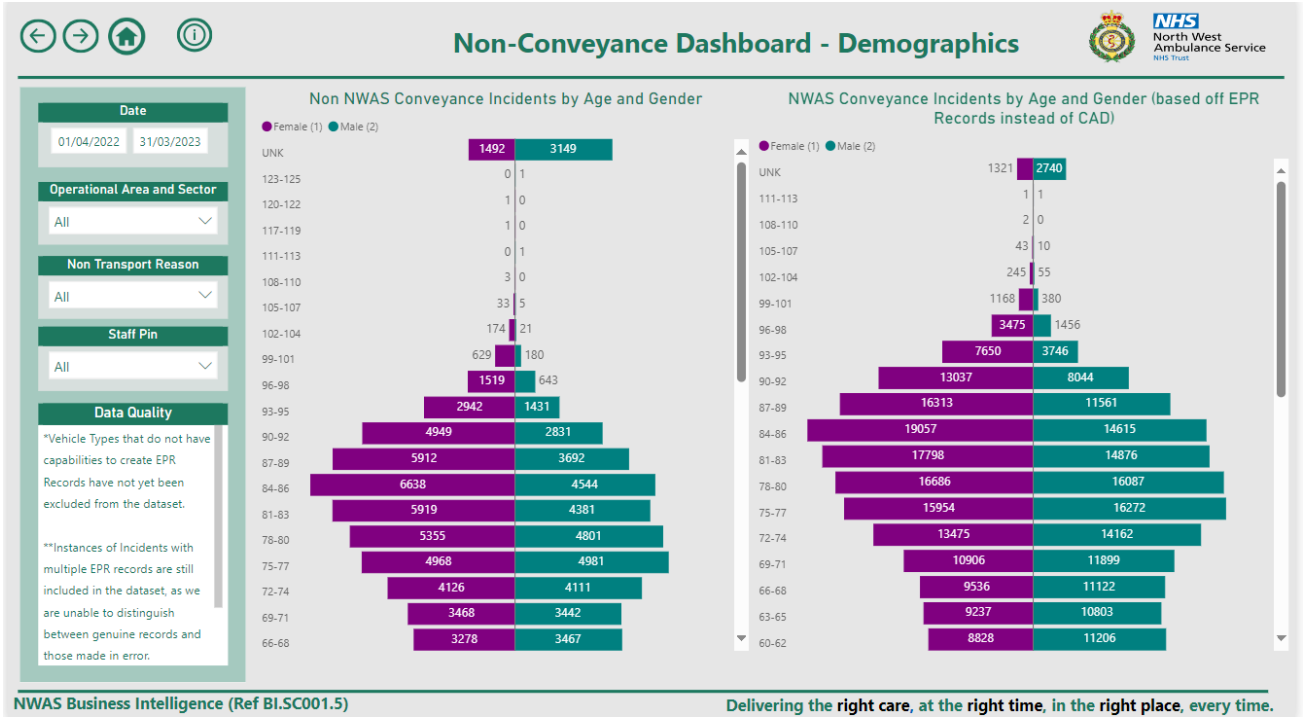
Screenshot from EPR Data Quality Report. Ethnicity data, Jan 2023 – Mar 2023.

In relation to other patient characteristics to identify other vulnerable groups, the Mental Health team developed a new tile in EPR to enable and capture a complete assessment of a patient's mental health, allowing for easy record identification of whether the patient has a learning disability, a serious mental illness, or dementia.

To learn about patient and members of the public experiences, expectations, and obstacles to access the 999, 111 and PTS service, the Patient Engagement team regularly attend high footfall events with targeted priority patient groups. They also host annual community listening events targeting attendance from race/religion, disability, and mixed age/gender. Although efforts are made to collect ethnicity data from attendees, data is generally not disclosed, which limits learning from any potential variations in reported experiences.

Data reporting

We do not have a report to provide an overview of the demographic profile of the population we serve across the service lines, but this is something we will work to address in the new financial year. The transition to EPR has already enabled the development of initial demographic information in individual, specialist 999 reports and dashboards, including the Maternity Dashboard, the Mental Health Dashboard and the Non-Conveyances dashboard. These dashboards primarily provide a breakdown of calls and incidents detailing operational performance indicators and include a demographic tab providing an activity snapshot by age, sex, and incident postcode across a user-specified time period. In relation to reports to the Board, this year the Learning from Deaths report included in its demographic's dashboard a breakdown of incidents by age, sex, ethnicity, and deprivation.



Screenshot of Non-conveyance Dashboard, demographics period April 22- March 23.

Data publication or data sharing

Externally, we publish Learning from Deaths quarterly reports, as well as the annual Patient Engagement Report, both reports now include age, gender, and ethnicity, and the Learning from Deaths report includes deprivation information, whereas the Patient Engagement Report includes information on patient disabilities.

Separately, activity and patient data are shared from across service lines with our local, regional, and national system partners. Data is shared either through established reports or data feeds at agreed intervals. For instance, data is shared on violent incidents with the Trauma and Injury Intelligence Group (TIIG) to help inform prevention efforts.

Patient Group	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024
Assault	54 (-11.48%)	52 (-3.70%)	45 (-13.46%)	70 (+55.56%)	51 (-27.14%)	46 (-9.80%)
Assault: Firearm	0 (0.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)
Assault: Sexual assault	2 (-33.33%)	0 (-100.00%)	1 (+100%)	3 (+200%)	1 (-66.67%)	3 (+200%)
Assault: Stab/Knife	0 (0.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)

Screenshot TIIG Merseyside Violence Reduction Partnership hub

We also serve data requests from our partners on a case-by-case basis where this supports population health initiatives. This year we served a request from a Borough Council to provide data on water safety related incidents, this data supported identification of high-risk locations for the purpose of installing banners to warn the local population. On a larger scale, the Mental Health Team is collaborating with the Office for Health Improvement and Disparities (OHID) and the Department of Health and Social Care (DHSC) on the development of a data set on patient non-fatal opiates overdose, this with the purpose to support a public health approach to this type of incidents and surveillance for the emerging threat of synthetic opiates across the North West. DSHC and OHID are now looking at approaching other ambulance trusts to explore establishment of a national data set.

Throughout the collaborations we develop, it is important for NWAS and our partners to consider NWAS has a role as a regional provider. As such, we need to develop data sharing pathways that consider the demand on NWAS resources if pathways were to be replicated fairly across a whole ICS or the whole Region. Depending on administrative and funding arrangements across ICSs, we aim to adopt a regional approach when developing new data sharing pathways to support health inequalities projects. Examples of these are the Social Prescribing Referrals and the Hypertension case-finding projects are mentioned in the Public Health section.

Data analysis and use of insights to deliver targeted action

As described in the section on data reporting, our current visualisation of the socio-demographic profile of the population across NWAS services is fragmented, with current visualisations helping to describe past trends. To draw insights from our data and to help identify correlations and test hypothesis about the data, the application of statistical or epidemiological methods is often needed. Our current expertise at NWAS for these methods is mainly available through the Public Health Team, which relies on current arrangements to host Public Health Registrars, and through a small number of staff who have developed analytical and data science skills through their participation in research projects, who produce and share insights with partners but also widely through

publication in peer-reviewed journals or conferences, which help contribute to the evidence base of ambulance services working to support the reduction of health inequalities. Publications in this area this year included the journal articles:

Displaced risk. Keeping mothers and babies safe: a UK ambulance service lens: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10477820/"

Service evaluation on End-of-life patients' inequalities receiving paramedic care within the North West: https://arc-nwc.nihr.ac.uk/wp-content/uploads/2023/07/Michelle-Waddington.pdf

In previous years, Public Health Registrars conducted analysis applying epidemiological methods to interrogate NWAS data to understand health inequalities, for instance: looking at the correlation between high blood pressure observations and deprivation; identifying 'hotspots' with highest incidence of Out of Hospital Cardiac Arrest (OHCA), lowest Return of spontaneous circulation (ROSC) and lowest density of defibrillators; and identifying correlations between area level deprivation and volume of 111 calls. Findings helped develop project proposals, inform decision making on defibrillator placement, and inform priority setting for our ICS partners.

Future plans

Our Public Health Strategy is being updated this year. In this, we will consider NHS England's Statement requirements and work with the trust and partners towards improving our data collection and reporting. We will also work towards improving our capability and capacity to draw insights from our data and drive targeted action, which is also an aspiration stated in the NHS Long Term Workforce Plan published in June 2023, to develop public health core skills and knowledge to derive insights for our data, and to support our partners in shifting care towards prevention and early intervention.

Information relating to Public Health and the work undertaken during 23/24 can be found on page 99.

PERFORMANCE ANALYSIS

Ambulance Response Programme

Our emergency performance is measured through the Ambulance Response Programme (ARP), which aims to make sure we are reaching patients as quickly as we can. Under ARP there are four categories, with category one being the most serious incidents. All categories have a performance standard based on the time it takes to respond to the incident.

These performance standards can be seen below:

- Category 1 is for calls about people with life-threatening injuries and illnesses. We aim to respond to these in an average time of 7 minutes and at least nine out of ten times within 15 minutes.
- Category 2 is for emergency calls. We aim to respond to these in an average time of 18 minutes and at least nine out of ten times within 40 minutes.
- Category 3 is for urgent calls. In some instances, you may be treated by ambulance staff in your own home. We aim to respond to these within 120 minutes at least nine out of ten times.
- Category 4 is for less urgent calls. In some instances, you may be given advice over the telephone or referred to another service such as a GP or pharmacist. We aim to respond to these at least nine out of ten times within 180 minutes.
- Category 5 – Signposting advice only, no response time apply.

Our response to high acuity Category 1 and 2 calls has improved significantly in 23/24 and shows a sustained improvement over time. As these are the most serious and life-threatening of calls received, we must prioritise our response to these patients, which can sometimes mean that lower acuity patients wait longer. We know this can sadly result in a poor experience for them and their families which is something no ambulance service wants; this continues to be one of our priorities for the year ahead.

However, although there is more work to do to ensure that all response time targets are met, we are pleased that we are starting to see some of the benefits of the initiatives we have put in place to improve this.

We have worked closely with our health and social care partners across the region to establish clinical care pathways for patients that meet their needs without a journey to hospital. This maintains patient independence in their own homes and enables ambulances to become available for other patients quicker.

Standard	7 mins (C1)	15 mins (C1 90th)	18 mins (C2)	40 mins (C2 90th)	120 mins (C3 90th)	180 mins (C4 90th)
Q1	00:08:00	00:13:27	00:23:03	00:46:01	04:01:05	05:58:46
Q2	00:08:09	00:13:57	00:27:15	00:56:22	05:27:37	05:53:04
Q3	00:08:13	00:13:54	00:34:20	01:13:48	06:39:56	06:17:46
Q4	00:08:04	00:13:37	00:29:53	01:03:24	05:11:25	06:00:32
23/24	00:08:07	00:13:45	00:28:44	01:00:33	05:17:59	06:00:46
22/23	00:08:35	00:14:41	00:42:19	01:36:03	07:40:13	10:00:19

Ambulance Response Standards 23/24

During 23/24, we responded to more face-to-face incidents, with feedback from our colleagues across the region indicating that patients are presenting with more complex needs. However, we have been able to close more than 40% of incidents with either advice on the telephone or a referral to an alternative service, closer to home for the patient.

Along with other NHS ambulance services, we received investment from the government to improve our response to Category 2 patients which make up over half of all 999 calls. During 22/23, in common with other trusts, we had experienced great challenges in maintaining a timely response to these incidents.

We achieved the interim recovery response requirement for 23/24 of a mean response time of 30 minutes to Category 2 calls (in place of the 18-minute mean).

Using the investment received to recruit and deploy new operational staff, and to increase our operational ambulance fleet, we now have 32 additional ambulances at peak times and have recruited almost 200 new front-line paramedics and emergency medical technicians. There are now over 2,500 more emergency ambulance hours available every week compared with March 2023.

A key contributor to ambulance availability and response capability is the time that is taken at hospital for ambulance patients to be handed over into hospital care, and for the ambulance to become available to respond again. We have continued to work closely with our colleagues in Integrated Care Boards (ICB) and acute trusts to improve hospital handover times. Success in this work has been mixed, with some ICB areas making significant improvements, while others deteriorated.

Month	Hospital attendances	Average turnaround time (hh:mm:ss)	Average arrival to handover time (hh:mm:ss)	Average handover to clear time (hh:mm:ss)
Apr 23	46,435	0:35:20	0:22:55	11:28
May 23	49,233	0:35:33	0:23:17	11:35
Jun 23	46,866	0:34:17	0:22:25	11:29
Jul 23	48,412	0:34:46	0:22:55	11:28
Aug 23	47,374	0:36:21	0:24:43	11:23
Sep 23	46,282	0:37:56	0:26:05	11:24
Oct 23	47,585	0:43:51	0:32:40	11:28
Nov 23	46,594	0:43:32	0:31:28	11:03
Dec 23	48,733	0:47:03	0:35:21	11:06
Jan 24	47,951	0:50:04	0:38:36	11:14
Feb 24	44,937	0:45:10	0:34:40	10:31
Mar 24	49,091	0:42:52	0:32:27	10:25

Hospital Handover Time during 23/24

Challenging handover times, reduce the positive benefit of the additional funding received because of the extended time that many ambulance crews are waiting at hospital to hand over their patients. This is an issue which has been acknowledged throughout the country and is by no means unique to NWAS and we will continue to prioritise this within our region.

Patient Outcomes

Patients we help on the telephone (hear and treat)

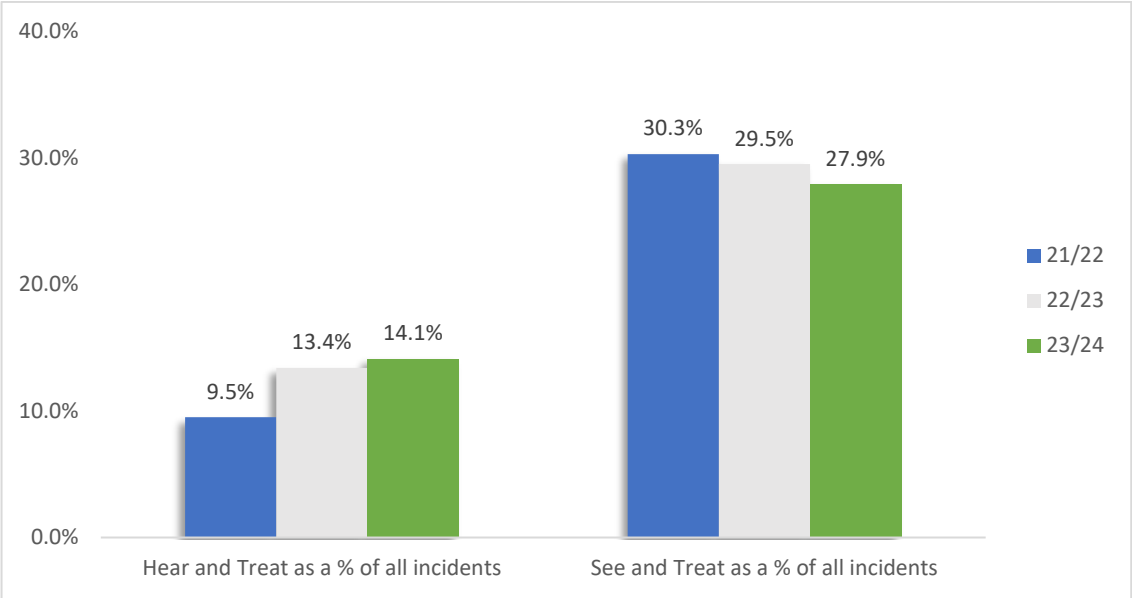
We have worked closely with our health and social care partners across the region to establish clinical care pathways for patients that meet their needs without a journey to hospital. This maintains patient independence in their own homes and reduces the demand on higher acuity services. Feedback from our colleagues across the region is that patients are presenting with more complex needs. However, we have been able to close more than 40% of incidents with either advice on the telephone or a referral to an alternative service, closer to home for the patient. We have a team dedicated to 'hear and treat', which involves getting back in touch with people who have called 999 and are not in a serious or life-threatening situation but could benefit from the right care at home without an emergency ambulance or journey to hospital. Some patients will be referred to our clinical hub and speak with a clinician who will assess over the telephone to determine the most appropriate care. The proportion of patients we can help on the phone has increased to 14.1%.

Patients not conveyed to hospital (see and treat)

As our hear and treat rates increase, we are only sending ambulances to the patients we cannot help on the phone, who are sometimes sicker or more complex. There will be times where we send a clinician in an ambulance who conducts a face-to-face assessment and establishes the best way to treat you which may be a primary care service or urgent care service more suitable than the emergency department. This is referred to as ‘see and treat.’ In 23/24, see and treat rates were 27.9% and whilst some of the reduction is explained by

increase in hear and treat our improvement work in year is focused on how we can increase our see and treat rates in financial year 24/25.

Percentage of hear and treat and see and treat incidents



Integrated Contact Centres

Significant progress is being made with the delivery of the Integrated Contact Centre restructure, the senior team are now in post, with staff in the next phase now in Consultation (Phase 2 – Band 8a).

Work has been ongoing during March 24 and into 24/25 to reflect the trust's new governance reporting, ICCs are ready to move to a new structure from May 2024.

Recruitment to a 'Contact Centre Call handler' is now in progress, this has reduced the risk if potential candidates choosing between the different call roles and consequently presenting further risk to recruitment plans. Staff will now be recruited onto a contract that allows flexibility to work between 999, 111 and PTS calls dependent on the requirement at any given time. Work is ongoing around the future call Handling delivery model that will describe how these calls are managed and shared across the agile workforce.

NHS Pathways release regular updates every eight weeks. The process of training and releasing these updates is a standard part of business as usual in 111. As NWAS Emergency Operations Centre call handlers now triage calls using NHS Pathways, we have taken the opportunity to ensure a consistent approach by regularly meeting to share progress and learning as well as ensuring that our updates are completed together to ensure that callers always receive the same triage regardless of whether they call 111 or 999. This process is now well integrated into 111 and EOC and will again make future integration of service lines more straightforward.

NHS 111 Performance

During 23/24, NHS 111 call demand has shown greater consistency than previous years and has fallen by 6.8% overall compared with 22/23. Historically we have seen periods of volatility due to issues with COVID and Strep A, however this year has seen greater regularity, and demand has followed a more seasonal pattern. Despite this stability, there have been significant internal and external challenges, such as a winter pressures, industrial action, and an unexplained spike at the end of March 2024.

Fiscal year	111 call demand offered	% difference to previous year
20/21	2,387,619	-
21/22	2,716,565	13.8%
22/23	2,496,811	-8.1%
23/24	2,326,127	-6.8%

Total number of calls to 111 (23/24) with the percentage change from baseline (22/23) showing an absolute reduction in call demand of 6.8%.

There are four primary key performance indicators for the NHS 111 service:

- Calls abandoned – less than 5% of all calls to be abandoned by the caller.
- Calls answered – 95% of all calls to be answered within 10 minutes.
- Calls warm transferred – 75% of clinical calls to be warm transferred.
- Call backs – 75% of call backs to be made within 10 minutes.

Over financial year 23/24 there have been significant improvements in the call handling department of NWAS 111, resulting in huge improvements to call answering times, service levels, and abandonment rate. Some of the key headline figures are listed below, along with a tabulated version of the data.

- Over 1.6 million calls answered
- 49.82% of patients were answered within 60 seconds compared to 39% in 22/23
- Only 12.71% of our patients abandoned the call before we could answer, this is down from 19.38% in 22/23
- Our average speed of answer was less than 5 minutes, down from over 8 minutes in 22/23

Description	Target	Year	QI	Q2	Q3	Q4	Overall
Calls Abandoned	<5%	22/23	18.84%	10.53%	28.38%	17.25%	19.38%
		23/24	9.80%	12.10%	12.46%	15.98%	12.71%
Calls answered in 60s	95%	22/23	34.86%	51.41%	32.15%	38.90%	39.26%
		23/24	51.46%	51.36%	50.79%	46.03%	49.82%
Calls warm transferred	75%	22/23	15.80%	17.19%	10.59%	22.02%	16.34%
		23/24	20.28%	12.21%	10.43%	14.71%	14.54%
Callbacks in 10 mins	75%	22/23	7.42%	9.74%	7.63%	12.41%	9.14%
		23/24	15.18%	16.00%	14.30%	14.10%	14.87%

During 23/24, there were many areas of service development and some of the key highlights are:

- **111 Development Forum:** Held every six weeks and offers staff the chance to hear and discuss any developments ongoing or upcoming, including system changes. Staff can make suggestions around improving any aspect of 111. Many of the developments we make come out of suggestions to the group. The information below provides an example of the developments made to Cleric to improve call handling processes:

    - **Clinical Wallboard:** A dashboard that is refreshed on the hour to display the status of the 111 Clinical Stack including current clinical risk score, reducing the requirement for manual calculations.
    - Removal of a warning pop up for lack of appointments, reducing a potential system loop for Health Advisors and therefore improving call flow.
    - DoS merge screen to help with pushing Health Advisors to choose the first service suggested by DoS further improving call flow and patient safety.
    - Various small call flow changes to remove unnecessary steps in the way calls are entered and managed within the system.
    - **111 Recall:** for non-Visual IVR calls, provide the last five calls from the same incoming number allowing Health Advisors to select the same caller, reducing data entry, and improving call handling times.
    - **111 Recap:** extending the capability of the care advice by SMS, the patient is provided with a webpage containing their care advice, 111 Recap will extend this by adding the capability to send seasonal messages, appointment reminders and a patient survey.
    - **Safeguarding Capacity Form**: allows Clinical Advisors to record the details of patient capacity when discussing a safeguarding referral.
    - **Digital Alerts Improvements:** extending the digital alert function to allow replies within the alert and to auto locate the sender of the alert within the contact centre, this will allow quicker responses to digital alerts.
    - **Clinical Stack improvements**: improvements to help clinicians identify when multiple cases from the same address are being called back to prevent multiple call backs from different clinicians.

- **HSJ Digital Awards 2024:** 111 have been shortlisted for two awards, Digital Organisation of the Year and Improving Urgent and Emergency Care Through Digital. The award submissions highlight the digital work undertaken to improve call handling times and showcase three products: Visual IVR, Care Advice by SMS and Digital Alerts. The award ceremony takes place on 6th June 2024.

- **111 SharePoint** Use of the site has continued to expand since its launch in November 2021, with consistent hits more than 250,000 a month from over 700 individual users. As well as being a single source of information for communications and Standard Operating Procedures, the site continues to develop with specific pages for the Resource and Planning Team, DoS Team, Quality Assurance Team and NHS Pathways as well as information relating to Staff Development and Health and Wellbeing. We recently launched the "Knowledge Bank;" a specific area to share learning and hints/tips from themes and trends identified by our Quality Assurance Team or upskilled Health Advisors staffing the non-clinical advice hunt.

  OneSpace also allows us to publicly commend staff for their achievements and recognise staff who have exceeded expectations, for example a new monthly post recognises all staff who have achieved 100% audits and recognition of winners of Employee of the Month.

- **Visual IVR:** 111 designed an improvement to the current Interactive Voice Response (IVR) to allow patients who call 111 using a mobile phone to opt in to complete their demographic information using their phone when the wait time is sufficiently long enough. When this takes place and the call is answered, the demographic information is automatically presented to a Health Advisor.

  Visual IVR has been a major success within the 111 contact centre. Since the launch in April 2023, data shows that calls using Visual IVR save on average 60 seconds on the demographic section of the call. Visual IVR calls now account for around 30% of all Health Advisor calls and has been expanded to include Service Advisor calls that are transferred to a Health Advisor.

  Following a successful trial period of a new virtual desktop solution to allow Health Advisors to take incoming calls whilst working from home using Azure Virtual Desktops, the trial has been extended to include ten Health Advisors who are now working from home for 50% of their shifts. The trial has so far been extremely successful. Any technical issues have been resolved by our IT colleagues, meaning that "offline" time associated with the trial has been kept to a minimum.

  Staff have told us that they felt very well supported throughout the trial and that they are able to access the same advice and support remotely as if they were in the contact centre environment. Plans are in place to review the next steps and how the trial might be expanded moving forward, whilst ensuring patient safety and staff welfare remain central considerations in relation to any agreed changes.

- **Primary care appointments:** Significant time has been invested into engagement with primary care colleagues around 111 appointment booking into GP in-hours services. As some practices began to offer face to face appointments, engagement was required to ensure that appointments were scheduled correctly by practices after the pandemic (during this period all such appointments were telephone). We also made

changes to the way we book these appointments, now booking the last appointment in the disposition timeframe rather than the first appointment. This was in direct response to feedback from primary care around appointment utilisation. These changes were communicated with ICB Primary Care Leads, and we have invested significant time in communicating with individuals and attending meetings to ensure this change went as smoothly as possible for all concerned.

- **111 Rota Review:** Following multiple working parties and consultation with staff, new rotas went live for Health Advisors, Clinical Advisors and Services Advisors in May and June 2023. These new rota patterns are better aligned to the 111 demand profile and mean that we are providing a more consistent service. The processes followed throughout the rota review have resulted in closer ongoing oversight of 111 rota patterns and how they meet current demand, allowing our Resource & Planning Team to update patterns appropriately on an ongoing basis. A more structured process has also been put in place around Flexible Working Requests. While this process in no way removes decision making from Team Managers, it does ensure fair and consistent decision making for all, in the best interests of staff and patients.

- **Clinical hours:** Following engagement with staff and trade unions clinical hours for clinicians was introduced across 111 and Clinical Hub. This gives clinicians 23 hours annually to utilise for their own clinical development in relation to their role, as agreed with their clinical lead. Examples of how hours can be used are attend CPD events, observe other roles or service lines within the trust, sharing knowledge with other colleagues.

Welfare of Staff

111 Champions have continued to support the health and wellbeing of the call centre staff and continue to organise health and wellbeing events to encourage good health and support to each other.

EOC – 999 call demand

In 23/24, 999 call demand has fallen by 5.6% overall compared with 22/23. However, there have been periods of variation based on external factors, for example winter pressures and periods of industrial action by NHS staff throughout the year.

Fiscal year	999 call demand	% difference to previous year
20/21	1,288,736	-
21/22	1,632,595	26.7%
22/23	1,531,958	-6.2%
23/24	1,446,701	-5.6%

Total number of 999 calls (23/24) with percentage change from the baseline

NHSE launched an Urgent and Emergency Care recovery strategy, in which the trust successfully managed to achieve a significant portion of funding. Targets in records to this workstream included improving Category 2 performance to sub 30 minutes and maintain call-pickup performance. We have recruited 80 highly skilled Advanced Practitioners and Team Leaders. They are undergoing Advanced Practice training and are being placed with external providers to further their education. In their rotational role, they split their time between assessing Category 2 patients over the phone and conducting face-to-face assessments. Their crucial work contributes to maintaining the safety of the Category 2 patient queue and ensures the well-being of all patients awaiting ambulance services across the Northwest.

Activity overall has reduced through 2023 to 2024, specific causation for this is unknown, however such patterns have been seen throughout the sector. Significant improvement in call pickup has been seen throughout 23/24. This has been aided by a reduced call volume and increased staffing. Category 1 performance has stabilised within 2023-2024, with the trust maintaining its position as third best performer in England. Category 2 response times again improved and stabilised this year, with the trust maintaining again its position within the top three performing trusts over the last 6 months. Category 2 long waits have been noted as a root cause for a significant number of adverse incidents. There has been a clear improvement in the number of significant Category 2 long-waits (over 4 hours), which has likely gone some way to improve clinical outcomes and increase the safety of the service.

With appropriate investment and innovation, the number of incidents closed without an ambulance attendance has increased and stabilised over 2023-2024. This has resulted in a more efficient and effective service, likely contributing to performance for those most critically unwell.

Regular collaborative meetings between the Emergency Operations Centre (EOC) and the 111 audit teams are fostering a culture of continuous improvement and integration. Together, they review calls for NHS Pathways and internal policy compliance, aiming to enhance quality and refine the audit procedures. Through side-by-side audits, not only are audit metrics bolstered, but also real-time feedback and coaching opportunities are enriched. This dynamic synergy not only elevates the quality of audits but also enhances the proficiency and performance of staff members, ultimately leading to optimised ICC service.

The NWAS ICC has successfully implemented the Ambulance Radio Programme, Life X system. Notably, we stand among the first English trusts in swiftly adopting this system. Given its pivotal role as a primary communication platform for all operational resources deployed by the trust, such transitions inherently carry substantial operational risks. However, the rollout of the Life X system transpired without issue, earning commendation as an exemplary model for implementing high-risk system changes.

Patient Transport Service (PTS)

The PTS contracts for Merseyside, Greater Manchester, Lancashire, and Cumbria were due to expire in 2024 but have been extended for a further year to 31 March 2025. During the year NWAS submitted bids for the new contracts for the period 2025-2030 across three lots; Cheshire & Merseyside, Greater Manchester, and Cumbria & Lancashire. The bid process was brought together by subject matters experts from across NWAS. The notification of this was announced in March 2024 with a 10 day standstill period. This standstill period has been extended for an indefinite period with no formal announcement of the preferred supplier.

In Autumn 2023, the leadership team agreed an improvement plan for PTS aimed at optimising patient journeys and delivering associated financial improvements. For the eight months to 31 March 2024, 5 of the 9 targeted improvements are on track, 1 is off track (recruitment of volunteer drivers) and the remaining 3 are awaiting data which is in development. The improvements delivered to date have resulted in a positive variance of £1.5M in the 2023 year-end outturn compared to the budgeted position. This is largely the result of a significant and planned reduction in third party expenditure, delivering a greater proportion of contracted activity through core NWAS resource. Daily spend on third party private ambulances has more than halved over the eight months that the improvement plan has been in place, from £40k per day in August 2023 to £17k per day in March 2024.

A separate compliance improvement plan has been developed covering appraisals, mandatory training, DoC and QAVs. There has been improvement in all measures in March 2024 and there is an action plan in place to bring compliance up to target for 2024/25.

Activity in 2023/24 has continued to grow and is now sitting around 10% below baseline compared to 17% below baseline in 2022/23. This increase in activity is welcomed given that any new contract awarded for 2025 onwards will move from a block grant to a cost and volume contract for the successful bidder.

Finally, PTS has continued to meet a key strategic aim of increasing resilience across service delivery. This has been especially valuable during recent periods of industrial action and peak winter pressures. PTS staff continue to feed the PES recruitment pipeline which, in addition to providing resilience, provides welcomed development opportunities for our workforce.

PERFORMANCE ACTIVITY

Activity increased in 23/24 compared to the previous year. Overall activity during the month of March 2024 was 12% below contract baseline, which is an increase of 4% compared to the same period in 2024.

However Greater Manchester and Merseyside were 3% and 1% respectively over baseline whilst the cumulative 12-month position is 10% below baseline, as shown in the table below which is a decrease from 17% in 22/23 indicating an associated increase in overall activity from 984,293 in 22/23 to 1,069,980 in 23/24. The PTS contract year runs from 1 July to 30 June, the data below is financial year end 23/24.

Contract	YTD baseline	YTD activity	YTD activity variance	YTD activity variance %
Cumbria	126,218	97,195	-29,023	-23%
Greater Manchester	394,941	417,519	22,578	6%
Lancashire	441,886	328,788	-113,097	-26%
Merseyside	225,092	226,478	1,386	1%
NWAS	1,188,137	1,069,980	-118,156	-10%

PTS Activity: Contract year to date July 2023 – March 2024

UTILISATION

As planned in the previous year the focus for PTS in 23/24 was to return to pre-covid utilisation of 1.8 patients transported per hour in an average eight hour shift. During Covid, this utilisation dropped to 1.2 due to single occupancy of our vehicles. Covid positive patients could travel together resulting in utilisation occasionally being above 1.0

Although the objective was to return to pre-covid utilisation rates of 1.8, analysis has shown that since 18/19 the healthcare system has changed in relation to Outpatients services. Patients are now travelling to more locations further afield meaning that the dynamic use of resource can be challenging. Throughout 23/24 utilisation has improved and there has been an upward trend for all counties with Merseyside showing the greatest improvement at 1.51 at the end of March 2024.

EFFICIENCY

Much of 23/24 has been spent developing and implementing an improvement plan to improve operational and financial efficiency. The main objective of the plan was to reduce reliance on third party resource, specifically private ambulances, and to reduce allocations to taxis.

Many of the actions in the plan were to take things back to basics and ensure that all functions were aligned to the same simple objectives, namely, to improve our patients' experience and to deliver a sustainable, competitive service.

During 23/24 the control and contact centre element of PTS moved over to Integrated Contact Centres (ICC) as the establishment of ICC progressed. This was a positive move, delivering part of the NWAS strategic UEC direction to integrate services however, in the operational environment the changes have affected managerial leadership capacity and resilience, which will need further attention during 24/25.

Implementation of the plan commenced in July 2023 with expenditure reductions seen from August 2023. The total third-party expenditure in 2022/23 across the four county areas was £26.897m. The comparable expenditure in 23/24 financial year is £22.530m, a reduction of £4.367m.

There is still some work to do to standardise allocations to third party resources specifically taxis and this work is continuing.

QUALITY STANDARDS

There are four areas of performance targets within the patient transport service – call answering, travel time on a vehicle, on time arrival and collection after treatment. These performance areas are measured based on whether the journey was planned or unplanned, or if the journey was for someone receiving enhanced priority service (EPS, renal dialysis, or cancer treatment). These performance indicators are known as our quality standards.

Contact Centre performance

- Call answering – 75% of calls answered within 20 seconds.
- Call handling – average length of time taken to answer inbound calls is 60s.

Enhanced priority service (renal dialysis and cancer patients)

- Travel time on vehicle – 85% of patients to travel for no longer than 60 minutes on the vehicle.
- On time arrival – 90% of patients arriving within 45 minutes before the scheduled appointment time.
- Collection after treatment – 85% of patients collected within 60 minutes and 90% of patients collected within 90 minutes of scheduled collection time or patient readiness notification.

Planned journey

- Travel time on vehicle – 80% of patients to travel for no longer than 60 minutes on the vehicle.
- On time arrival – 90% of patients arriving within 60 minutes before the scheduled appointment time.
- Collection after treatment – 80% of patients collected within 60 minutes and 90% of patients collected within 90 minutes of scheduled collection time or patient readiness notification.

Unplanned journeys

- Travel time on vehicle – 80% of patients to travel for no longer than 60 minutes.
- On time arrival – No arrival standard.
- Collection after treatment – 80% of patients collected in 60 minutes of booked collection time. 90% of patients collected in 90 minutes of the booking.

The service line continues to make good progress in terms of its priorities and maintaining a high quality of service to our patients.

As activity increases and work continues to improve utilisation, against a backdrop of reducing reliance on third party provision, it will be necessary to maintain an efficient and effective balance, that ensures PTS continues to meet the demands of the regional and local integrated care systems, delivering a safe service and the best possible service for our patients in line with the contract income.

Patient Transport Service: 23/24

Service Activity

1,069,980
Total PTS activity year to date

26.5
% of calls answered within 20 seconds

-10%
Variance from baseline* for year to date activity

369 seconds
Average length of time taken to answer inbound calls

*The annual baseline is the expected activity as per the PTS contract. The variance shown is how much we are under or over the expected journeys

Planned Care

	Target	23/24
Passenger time on vehicle is less than 60 minutes	80%	93.7%
% of patients arriving within 60 minutes of scheduled appointment time	90%	78.3%
% of patients collected within 60 minutes of scheduled collection time or patient readiness notification	80%	59.9%
% of patients collected within 90 minutes of scheduled collection time or patient readiness notification	90%	79.6%

Unplanned Care

	Target	23/24
Passenger time on vehicle is less than 60 minutes	80%	92.1%
% of journeys where the patient is picked up no later than 60 minutes after booked collection time	80%	57.4%
% of journeys where the patient is picked up no later than 90 minutes after booked collection time	90%	70.4%

Enhanced Priority Service

	Target	23/24
Passenger time on vehicle is less than 60 minutes	85%	95%
% of patients arriving 45 minutes prior to scheduled appointment time	90%	75.3%
% of patients collected within 60 minutes of scheduled collection time or patient readiness notification	85%	80.6%
% of patients collected within 90 minutes of scheduled collection time or patient readiness notification	90%	92.8%

KPI Data is only published in the contract year so this data from July 2023 - 31 March 2024. All contract years run from 1 July to 31 June

PATIENT SAFETY

Maintaining the safety of our vulnerable patients remained a priority throughout 23/24. The eligibility and call taking script was adapted to acknowledge the end of the Covid 19 Pandemic but still allowed us to continue to identify our most clinically vulnerable patients, e.g. immunosuppressed patients, and those with chronic respiratory illness. This allowed us to continue to make decisions about the most appropriate means to safely transport them to their appointments.

DIGITAL DEVELOPMENTS

In 23/24 there was more digital development with the planning phases of Passenger Zone beginning and a target to implement in 24/25. Passenger Zone will allow patients and their representatives to use the PTS Online portal through secure access and book their own transport subject to their eligibility. In turn improving the patient experience and reducing the time spent in a call queue. This will also have a positive impact on staff and achievement of the quality standard which is currently 75% of calls to be answered in 20 seconds.

Going into 24/25 the focus for PTS will be to continue to work on the improvement plan. Part of this work will require a further review of the utilisation figure that is more realistic based on analysis of the current requirement of the healthcare system related to outpatient treatment balanced with an acceptable level of quality.

Volunteers

Community Engagement Teams

Our Community Engagement Teams are responsible for working with key stakeholders and partners in the community to identify areas which require support with installation of defibrillators and / or basic life support training and provide leadership to our Community First Responders (CFRs).

Defibrillators

NWAS currently support both unlocked and locked cabinets however, in accordance with guidance issued by the Resuscitation Council UK and the British Heart Foundation, the trust will be moving to unlocked cabinets moving forward. By using unlocked cabinets, this will improve accessibility to defibrillators and reduce delay in getting early defibrillation to the cardiac arrest patient.

NHS Charities Together (NHSCT)

Working closely with the NWAS Charity, our community engagement teams have accessed funding through NHS Charities Together, the purpose of which is to aid the improvement of health inequalities and out of hospital cardiac arrest mortality rates.

NHSCT funding has been hugely beneficial to the community teams in enabling them to implement a community resilience strategy by providing a team of dedicated members of staff working directly with all communities and stakeholders to increase provision of life saving defibrillator equipment alongside supporting existing community defibrillators, educating communities and organisations with the knowledge to assist with this strategy.

Over the last 12 months, the team of engagement officers have already contributed to approximately 60 placements of new public access defibrillators with a further 60-70 defibrillators through external funding streams. Work will continue on this project into 24/25 to identify areas of need and increase defibrillator availability in underrepresented communities.

Community First Responders

CFRs are volunteers who are trained and activated to attend certain emergency calls where time can make the difference between life and death, such as a cardiac arrest. They provide care until the ambulance arrives. During 23/24, CFRs were mobilised to over 12,000 calls.

There are two different types of CFRs volunteering in communities:

- Community First Responders (CFR) are equipped with an Automated External Defibrillator (AED), oxygen, handheld suction, tympanic/infrared thermometer, mechanical blood pressure and wound dressings
- Extended Community First Responders (ECFR) have additional equipment and are trained and assessed by NWAS clinical staff to check blood glucose levels and if required administer dextrose gel. They are also equipped with cervical collars and Combat Application Tourniquet (CAT). For cardiac related chest

pain, they can administer 300mg aspirin. They can also administer Entonox if needed to control pain levels.

We have a total of 862 CFRs, of which 682 are currently 'active' as follows:

- 63 Greater Manchester
- 63 Cheshire and Merseyside
- 556 Cumbria and Lancashire

As we look ahead to 24/25, the teams are focussed on increasing the number of CFRs with 179 people currently being recruited. Whilst recruitment is open for all areas, we have identified key areas where we will target recruitment efforts.

Patient Transport Service (PTS) Volunteer Car Service (VCS)

In support of PTS, we have a great team of volunteer car drivers that help us make 1.2 million patient transport journeys across the North West every year. We're now recruiting more volunteers to support people in the community who need the service the most.

We currently have 128 VCS drivers and in the last 12 months have recruited an additional 38 volunteer car drivers with robust 24/25 recruitment plans aimed at recruiting greater numbers over the next twelve months.

In addition to the above, we continue to work with the Royal Volunteer Service to help provide welfare support volunteers outside a number of Emergency Departments providing refreshments for crews during times of high pressure.

RESILIENCE/EPRR

Resilience

Our Resilience team consists of three departments: contingency planning, command and resilience education and special operations.

Contingency planning

Our contingency planning arrangements and capabilities provide assurance that we are compliant with the regulations set out in the Civil Contingencies Act (CCA) 2004, the Health and Social Care Act 2008, Regulations 2010 and the NHS England Emergency Preparedness, Resilience and Response (EPRR) Framework.

We need to plan for and respond to, a wide range of incidents and emergencies that could affect patient care or public health. We use the national risk register to enable response to a range of emergencies, while maintaining the emergency ambulance service to support patients calling 999 in the community and is a requirement under the CCA (2004). Under the EPRR arrangements, as an NHS Category 1 responder, we undertake an annual self-assessment process to determine our level of compliance with resilience arrangements measured against the NHS England core standards.

In 2023, NHS England reviewed the self-assessment process to include check and challenge conversations and give trusts a better understanding of the evidence required. Across the UK, trusts scored lower than in previous years as they aligned with this different approach. We provided our self-assessment of our emergency preparedness to NHS England for discussion at regional (Integrated Care Board) ICB meetings. It is also discussed at the National Ambulance EPRR Group to gain a consistent approach across the country and to share best practice.

Core Standards: out of 58 standards that apply to the wider trust (covering PES, 111 and PTS), we have worked through the check and challenge with NHS England and submitted 25 that are fully compliant and 33 that are partially compliant. This is a compliance figure of 41%. We are working with ICBs and NHS England with regular reporting to improve this compliance status. We have shared an action plan with the ICBs and Local Health Resilience Partnerships (LHRPs) and monitor compliance through internal governance structures. We aim to achieve a minimum of 89% compliance by July 2024.

Interoperability Standards: out of 136 applicable standards, we have self-assessed 123 as fully compliant and 13 partially compliant. This represents a compliance figure of 90% and a rating of 'substantially compliant'. The interoperability standards are not part of the check and challenge process, but we took the same approach to their assessment.

The Resilience team are building closer relationships with our Risk and Patient Safety teams to ensure that the risks discussed with multiagency partners in local resilience forums (LRFs) are also reflected in our risk registers. Focusing on learning and improvement, we bring lessons identified through incident and exercise debriefing to the Patient Safety Incident Response Framework (PSIRF) through internal learning forums.

Command and Resilience Education Training team

In early 2024 we introduced the Command and Resilience Education Training team. This was in response to internal lessons identified from incidents and exercises and findings from the Manchester Arena Inquiry. The aim is to provide a bespoke training team of experienced managers and commanders from diverse backgrounds, to deliver training and peer support to the command cohort. This allows training in realistic exercises, training events and continuous professional development opportunities.

Since the team's creation, we have produced training products based on National Ambulance Resilience Unit (NARU) mandated requirements, feedback from previous training sessions and debriefs. This has included a command training day for all levels of command, executives on call, national interagency liaison officers (NILOs) and MERIT doctors as well as managers from the Integrated Care Centres (ICC).

The team provided 10 training opportunities across several venues with topics that included:

- National occupational standards (NOS) and the introduction of a NOS Framework
- Introduction of an electronic Battlebox; a one stop digital shop for commanders and command support personnel allowing rapid access to key information and resources for incident management. For example, this includes action cards, incident strategies and Mass Casualty Plans.
- The use of media detailing how it can help and what not to do
- The use of risk incorporating dynamic and analytical risk assessments
- The role of the complex incident hub both in major incidents and business as usual activity
- Mass casualty distribution plans
- A tabletop exercise including the use of the latest marauding terrorist act joint operational procedures (MTA JOPs)

During 23/24, close to 200 commanders and managers attended the training, with presence from other ambulance trusts and the national director for EPRR.

The team have produced a bespoke video for mandatory training, to assist operational staff to better understand the role of the first resource on scene at a major incident. In late 2023 we also produced and delivered a joint training package with police and fire colleagues for the introduction of the MTA JOPs. This will ensure that commanders and command support advisors understand the latest national policies and procedures, as well as building their confidence and abilities in their specific roles.

Special Operations

The special operations element of resilience covers three main domains. Firstly, our Hazardous Area Response teams. (HART) This is a 24/7 response to patients in hazardous environments such as chemical, biological, radiological, nuclear (CBRN) or hazardous material incidents (HazMat). Other responsibilities include urban search and rescue, (USaR) marauding terrorist attacks (MTA) and inland water incidents including swift water rescue and flooding. Our second domain are our Special Operations Response teams (SORT). These are paramedics and emergency medical technicians who are primarily deployed on ambulances and rapid response vehicles but who can support our HART teams at major or complex incidents including CBRN and MTA. The third element is our Medical Emergency Response Incident team (MERIT), who are specially trained senior doctors providing advice and support at major and complex incidents.

In 23/24, HART recruited a further 16 staff taking the staffing numbers to 94. This increase demonstrates our commitment to maintain the highest safety standards for staff and members of the public in hazardous environments. There are further plans to increase this by an additional 10 staff. Other recruitment included a training manager, an MTA manager, and a secondment to assist in training acute hospitals in decontamination.

To ensure the safety of staff when on live deployments, training is a mainstay of the HART programme. In addition to the seven-week continuity training rota, team members have recertified in breathing apparatus, confined space rescue and swift water rescue as part of the bi-annual recertification cycle. 18 candidates achieved their level 2 fitness instructor qualification to assist in the bi-annual physical competency tests and support staff, when required, in their fitness journey.

Another success is the development of plans for a brand-new state of the art facility for the Liverpool HART team at Elm House. This is due to be completed by June 2025. The development will see improved facilities including a gym and specialised training and education facilities. It will be the base for the Merseyside major incident fleet.

We have delivered several HART taster days at our Manchester base, including ones for the Women's and Race Equality Networks to promote the work of the HART team and to encourage increased diversity across it. Further taster days are being planned for the LGBT+ and Disability Networks.

We have strengthened international partnerships, by hosting and presenting to several visiting countries including, Poland, Ukraine, and Singapore. Three HART staff, along with Greater Manchester Fire and Rescue colleagues participated in the Singaporean International Fire and Paramedic Challenge.

In summarising HART's commitment to quality and safety, both the Manchester and Liverpool HART teams were awarded 'Outstanding' in their annual quality assurance visit.

Our Special Operations Response teams (SORT) have delivered a total of 35 recertification courses over either three or four days, covering both marauding terrorist act (MTA) and chemical, biological, radiological, nuclear materials or weapons (CBRN). They delivered a further two five-day induction courses for approximately 40 new staff recruited to SORT. In total 281 staff have received seven days training in MTA and CBRN this year.

SORT have supported several multi-agency high profile MTA exercises including five in a hotel next to the Trafford Centre and five in Bolton University, along with a large scale CBRN exercise at a premiership sports stadium.

We have recruited an MTA manager and a SORT manager to assist with the training and education of staff, ensuring compliance with NHS England Core Standards requirements.

We have also taken delivery of a new major incident fleet consisting of seven incident support units containing casualty clearing stations and seven decontamination units for use in HazMat/CBRN incidents. We have commissioned a further four hybrid vehicles used for public support and MTA.

The Medical Emergency Response Incident team (MERIT) provides an important element of the Resilience team's compliance with our organisational values by ensuring focus on safety for staff and patients and person-centred care. This group of specialist doctors provides expert medico-legal advice to ambulance service commanders during major, mass casualty and complex incidents. This ensures swift and accurate decision-making to protect both patients and responders. MERIT has recruited and trained four additional team members while preparing a further five more for interviews. This reinforces their commitment to maintaining a highly skilled team capable of always delivering support.

During 23/24, MERIT supported 32 major and complex incidents, bringing their specialised medical expertise to a wide variety of situations. The training offered to MERIT doctors included two strategic medical advisor days, four tactical medical advisor days, four operational medical advisor days, four additional specialised CPD evenings and 22 command training days. This highlights MERIT's proactive approach to continuous improvement and skill enhancement, ensuring that we equip responders to deliver the highest standard of care in any scenario. MERIT also encourages person-centred partnerships through their participation in 19 major live exercises and 32 no-notice communication exercises, facilitating seamless coordination and integration with other emergency response agencies for the benefit of the communities we serve.

The Regional Operations Co-ordination Centre (ROCC)

The ROCC has been an integral part of the trust since its merger in 2006 and operates 24/7 365 days a year and provides an oversight across all its service lines in the North West. It also works closely with key stakeholders locally, regionally, and nationally across the NHS, ambulance sector and other key partners such as police and the fire and rescue services.

The ROCC team incorporates oversight of demand and hospitals across the North West. This is done by the Regional Health Control Desk and the Greater Manchester Urgent and Emergency Care (UEC) Hub. This allows us to respond and invoke plans and enables us to flex our resources to respond to patients in a timely manner.

Following the appointment of ROCC tactical commanders in 2019, their role goes from strength to strength, working with their team engaging with the system. The ROCC provides an integral overview of the systems across the North West and is considered the heartbeat of our organisation.

Throughout the past year the ROCC has played a crucial role in a number of significant incidents, and challenges faced throughout the North West. The ROCC were also a key stakeholder in joining many North West and national system calls, proving live situational briefs on ambulance performance, demand, hospital status and much more relevant to the system, and in particular patient flow.

To further build on the ROCC's contribution to the trust's success, a review of the ROCC is due to be completed within the next 12 months.

QUALITY WITHIN SERVICE DELIVERY

We value patient care at the heart of everything that we do. How we measure how well we do this goes further than Ambulance Quality Indicators alone. Knowing how well we are doing is harder to measure than how quickly we do it. Indeed, it is this qualitative experience that is important to our clinicians and to our patients alike, where the speed of our response is a natural consequence of how well we are doing it, rather than vice-versa. Further, the quality of our approach makes our response more reliable and consistent.

NWAS covers a diverse demographic and physical geography. Our delivery of care is replicable across our area, with local flexible approaches. Our clinical teams work to standard, evidence-based guidelines, reinforced through classroom based and self-directed mandatory training, supported by side-by-side mentoring and annual appraisals.

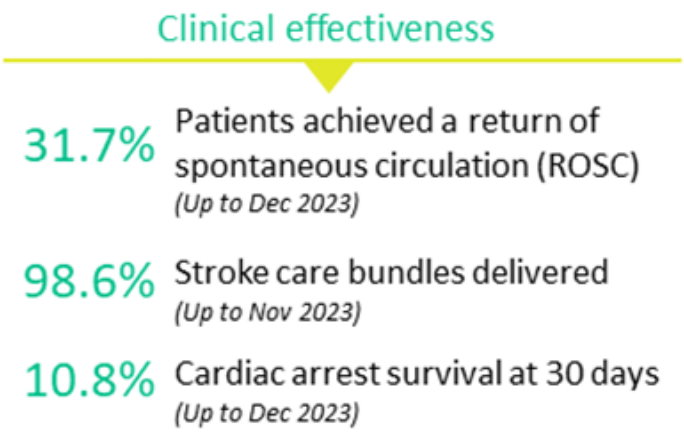
We have invested significantly this year in new station premises, giving staff a great working environment, but we recognise that there is still much to do in the maintenance and renewal of some of our ambulance stations. We know that providing good working conditions is critical to attracting and retaining skilled staff, who then go on to deliver the care to our patients.

Learning lessons when things go wrong is a critical part of continuous improvement. All serious incidents are reviewed by senior managers in the service delivery team, with lessons learned reviewed through our area-based Quality Business Groups and learning forums. This ensures that our senior clinicians in every area can pass on learning to their operational teams. We are well connected with our local networks for trauma, stroke, and cardiac care, sharing information on the effectiveness of the care we provide to the most acutely ill patients.

Ambulance Quality Indicators (AQIs)

Our key measure of the effectiveness of our services is the monthly National AQI submission to NHS England, produced by the Clinical Audit team. Clinical leadership then use this to inform their local improvement and feedback to staff.

Clinical leads for each of the indicators manage working groups across our footprint and work with system partners to learn and share outcomes. We provide quarterly AQI reports to the Quality and Performance committee and Clinical Effectiveness sub-committee. We provide further localised reporting for STEMI (ST segment elevation myocardial infarction) and older adult falls to our clinical leads, to contribute to learning and improvement.



The trust's Quality Account 23/24 provides further detailed information in relation to the Ambulance Quality Indicators, together with a summary of the Local Clinical Audit Plan.

Financial Review 23/24

This section of the Annual Report outlines the financial performance of the trust for the financial year ended 31 March 2024 and the results outlined in this section relate to the full 12 months period of 1 April 2023 to 31 March 2024. A copy of the full statutory audited accounts is included in this Annual Report together with a glossary of terms to assist the reader in interpreting the accounts.

Financial Duties Review

NHS trusts have a number of financial duties.

Break Even – taking one financial year with another

NHS trusts have a statutory duty to break even taking one financial year with another and we have continued to meet this duty in 23/24. NHS trusts that merge part way through a financial year, are not measured against year on year break even duty as the performance summary relates to the financial performance of predecessor bodies. For North West Ambulance Service NHS Trust, measurement against the break-even duty commenced from 1 April 2007. The cumulative performance against this target for 23/24 is a surplus of £46.616m.

It should be noted that included within operating expenses in 23/24 and 22/23 are fixed asset impairments of £3.664m and £8.856m respectively. These impairments have mainly arisen because of a downturn in land and building asset values and have been confirmed by an independent valuation. The Department of Health and Social Care considers financial performance against the break-even duty to be assessed net of impairments.

Break Even – each and every year

NHS trusts have a regulatory duty to break even in each and every financial year. In 23/24 we returned a surplus of £5.847m and therefore achieved this regulatory duty.

External Financing Limit

NHS trusts have a regulatory duty not to exceed the External Financing Limit (EFL) set by the Department of Health and Social Care. The EFL is the method by which the Treasury, through the NHS Executive, controls public expenditure in NHS trusts. The majority of the cash spent by the trust is generated through its service level agreements for NHS patient care. The EFL determines how much more (or less) cash that it generates through income agreements can be spent in a single financial year.

Each year NHS trusts are allocated EFLs as part of NHS financial planning processes. Our EFL for 23/24 was £0.064m. It should be noted that trusts are allowed to undershoot the EFL but not exceed it. We achieved this duty as our EFL balance is in line with target at £0.064m in 23/24.

Capital Resourcing Limit

NHS trusts have a regulatory duty to contain capital expenditure on an accruals basis, within an approved Capital Resource Limit (CRL). The CRL is part of the resource accounting and budgeting arrangements in the NHS and its purpose is to ensure that the resources allocated by the Government for capital spending are used for capital rather than to support revenue budgets. The CRL is accruals based in contrast to the EFL which is cash based. The CRL controls the amount of capital expenditure that an NHS body may incur in the financial year.

We had a CRL of £25.335m for 23/24 and had a charge against the CRL of £25.335m - spend was in line with the resource and therefore achievement of the duty. Trusts are allowed to underspend against CRL but not overspend.

Capital Cost Absorption (CCA) Duty

NHS trusts have a duty to absorb the cost of capital at a rate of 3.5%. The financial regime of NHS trusts recognises that there is a cost associated with the maintenance of the capital value of the organisation. The trust is required to absorb the cost of capital at a rate of 3.5% of average relevant net assets. This was achieved for 23/24 and is the dividend paid on public dividend capital.

Apply the Better Payment Practice Code

This regulatory duty requires NHS trusts to pay all supplier invoices within 30 days. We achieved this duty in all categories in 23/24 and performance is summarised below:

1 April 2023 – 31 March 2024	Performance
Non-NHS Creditors % paid within target – Numbers	95.6%
Non-NHS Creditors % paid within target – Value	97.2%
NHS Creditors % paid within target – Numbers	96.9%
NHS Creditors % paid within target – Value	98.4%

Overall performance by the trust against the Better Payment Practice Code has been consistently met since we were established.

In summary, for the 23/24 financial year, we achieved all of the statutory and regulatory financial duties.

In 2023/24, our income was £498.362m and was generated from the following activities:

Income from Activities	2023/24
	£000
PES Income	389,444
PTS Income	51,930
111	32,463
Other Income	24,525
Total Income	**498,362**

Late Payment of commercial Debts (Interest) Act 1998

Under this legislation, we can claim interest on the late payment of debts by contracting partners and are required to disclose amounts of interest and compensation paid during the year. During the year, we did not receive any such payments.

Financial Environment - ICS

The breakeven financial plan for NWAS in 23/24 was agreed as part of the wider Lancashire and South Cumbria ICB system plan with an allowable system deficit plan of 'better than £100m' agreed with NHSE.

All parties in the system agreed a range of measures aligned to that deficit plan. To build a financially sustainable system for the future, with a renewed focus on cost improvement and service transformation during 23/24.

NWAS has achieved its financial duties in 23/24, although this has been challenging, particularly in the context of the current financial environment and operational pressure, whilst maintaining service quality. Our financial focus continues to be about resilience and sustainability, under ICB block contract arrangements.

Our cash balance remains strong and was £61.030m as of 31 March 2024. The trust holds its cash within the Government Banking Service (GBS).

The 23/24 capital programme for NWAS continued to invest significant capital resources to procure ambulance vehicles and equipment; enhance our digital infrastructure; investment in digital developments and to maintain and improve the quality of our estate.

Anti-Corruption and Anti-Bribery Matters

One of the basic principles of public sector organisations is the proper use of public funds. Most people who work in and use the NHS, conduct themselves in an honest and professional manner and they believe that fraud, bribery, and corruption, committed by a minority, is unacceptable as it ultimately leads to a reduction in the resources available for patient care.

We are committed to reducing the level of fraud, bribery, and corruption within the NHS to an absolute minimum and keeping it at that level, freeing up public resources for better patient care. We do not tolerate fraud, bribery or corruption and aim to eliminate all such activity as far as possible.

At our most senior level we encourage anyone having a reasonable suspicion of fraud, bribery, or corruption to report them and no employee will suffer in any way because of reporting these suspicions.

We will take all necessary steps to counter fraud, bribery and corruption in accordance with the NHS Counter Fraud standards and relevant UK Legislation.

We have our own dedicated Anti-Fraud Specialist (AFS), who is accredited by the NHSCFA and accountable to them professionally for the completion of a range of preventative anti-fraud, bribery, and corruption work, as well as for undertaking any necessary investigations. Locally, the AFS is accountable on a day-to-day basis to the trust's director of finance and reports periodically to our Audit Committee.

OUR PEOPLE

Delivering our overarching aim of providing the right care, at the right time, at the right place, every time requires us to have sufficient, highly motivated, trained staff working in safe, supportive environments where they can fulfil their potential. Creating a brilliant place to work for all and working together to shape a better future, through looking after our people, investing in our people, and leading our people compassionately is a core aim of our strategy.

As a trust we are focused on developing roles, careers and supporting education and development to enable the transformation set out in the strategy. We also recognise the importance of creating an inclusive environment, where managers lead with compassion and where the safety and wellbeing of our staff is at the heart of what we do.

People Strategy

During 23/24 the People Directorate launched its People Strategy 2023-2026. The Strategy is one of four supporting strategies which outlines what we will prioritise over the next three years to achieve our aims and our vision. It was approved in July 2023 and will be reviewed annually to ensure that it remains focused on supporting us in delivering our people priorities.

Since our last Strategy, our people told us that we are doing better at supporting them through health and wellbeing provision, reasonable adjustments, and appraisals. However, our People tell us that we do not always get everything right. Therefore, the strategy is designed to look forward and to focus on the areas we need to improve.

This strategy is driven by the overall aims set out within Trust Strategy and is primarily aligned to the aim to be a “brilliant place to work for all” by:

- Looking after our People
- Investing in our People
- Leading our People Compassionately

The priorities within the People Strategy are also driven by our People and what they tell us about their experience of working for NWAS. These are the most important voices in shaping what we want to achieve over the next 3 years of the strategy.

“Our People are our greatest asset. By looking after our People and improving their experience of work, we directly improve the care of our patients. It is only by fostering an inclusive and compassionate culture that allows people to bring their whole self to work, that we can fully develop our talent and release the potential of our people for the benefit of patients.”

Lisa Ward, Director of People

National People Context

The seven pillars of the NHS People Promise set out ambitions for what people working in the NHS will say about their experience of work in the future. These ambitions alongside the NWAS values underpin the NWAS People Strategy.

Leadership Development

During 2023 we revised our learning and development offer for staff based on staff survey and Learning & Organisational Development survey results, staff feedback and strategic need. This included revision of our leadership development offer which continues to build on our 'Be Think Do' leadership model. This is aimed at ensuring our leaders feel empowered to lead authentically, with compassion, doing the right thing for patients and staff.

Delivery of our 'Making a Difference' leadership development programme continued with four core modules 'Leadership of Self' and 'Leadership of Others,' 'Beyond Bias' and the introduction of our 'Leading People Through Change' module at the end of 2023. To date, 363 of approximately 900 leaders have completed Leadership of Self, 321 have completed Leadership of Others, 53 have completed Leading Through Change and 600 have completed the Beyond Bias module. These modules are mandated for our management teams and will continue to be delivered across 2024 before forming a fundamental part of future leadership induction.

NWAS has been an accredited centre for the delivery of Chartered Management Institute (CMI) qualifications since 2007. For the first time since the pandemic, a CMI Celebration Event took place in May to recognise 31 learners. These existing or aspiring leaders had successfully achieved either a level 3 or level 5 in management and leadership qualification, or a level 5 in coaching and mentoring qualification. CEO Daren Mochrie and CMI West Midlands and North West Board Chair Nick Smith presented learners with their certificates.

In addition, to the core programmes above, we offer a range of masterclasses, essential learning, and personal development, including newly introduced Leading with Civility and Respect for all leaders.

We have continued to support NWAS leaders and managers to access external development, CPD, qualifications, and system wide leadership development and coaching opportunities, including those provided by partnering organisations such as the North West Leadership Academy and NHSE.

We have introduced the CPD and Learning Hub to provide more accessibility to resources for leadership development.

Reverse Mentoring Pilot

The trust launched a reverse mentoring programme giving members of the trust's race equality network the opportunity to reverse mentor senior managers. As this was a new programme, we worked with an external partner to help us to establish the programme and pilot our approach. We were able to broaden out the scope and members of the disability, LGBTQ+ and women's networks stepped forward to be reverse mentors to maximise the opportunity available.

10 senior leaders and 10 frontline staff took part in the initial programme which matched them together in reverse mentoring pairs. Both groups took part in half day workshops where they were able to get ready to make the most out of the reverse mentoring process. This also gave everyone the chance to meet their reverse mentor or mentee over lunch.

Each pair was asked to meet 6 times over an 8-month period to work together on something the senior leader brought to the table. This could be any problem or issue that they wanted to explore, and the reverse mentor was able to provide a different perspective, ask questions and bring their lived experiences to the conversation. As in any mentoring relationships the reverse mentors also got the opportunity to share their challenges and experiences more broadly and discuss these with the senior leaders.

All participants reported positive learning experiences and we will be celebrating this first cohort at a learning event in April 2024. We have significant interest from other staff network members and trust senior leaders and we will be launching a second cohort in 2024/25.

Health and Wellbeing

Maintaining a happy, healthy, and engaged workforce is one of our key organisational priorities and we want to ensure our staff get the support they need, when they need it. In 23/24, we continued to enhance the support services available to staff. as well as improve access to information and resources.

Key health and wellbeing highlights from the past year include:

- **Development of the Workforce Wellbeing Team:** Recognising the importance of staff wellbeing, the trust invested in recruiting four Workforce Wellbeing Officers (WWOs) and one Workforce Wellbeing Advisor in autumn 2023. The WWOs work in designated geographical areas across the NWAS footprint, engaging with colleagues across all local operational and corporate teams. They provide information, advice and guidance around the range and diversity of wellbeing services which are available to all staff. The team has facilitated health and wellbeing events, delivered wellbeing focused training, and have been a regular presence on stations, contact centres and corporate offices.

- Work is underway to launch a **'Wellbeing Hub'** in the spring 2024 which will provide a 'single point of contact' service for all staff and managers to get timely information relating wellbeing services.

- **Chaplain for Staff Wellbeing:** Reverend Karen Jobson joined NWAS in September 2023 as Chaplain for Staff Wellbeing – a brand new role not only in the trust, but also unique across the ambulance sector. Since starting in post, the Karen has engaged with many staff in their workplaces, ensuring that when stressful situations arise, staff are confident in contacting the Chaplain as an avenue of support. To date she has engaged in more than 700 staff contacts at 49 sites including contact centres, ambulance stations, Accident and Emergency Units in hospitals, and events including the Race Equality Network and Women's Network event for Black History Month. She has undertaken four observation shifts with crews and completed three collaborative workdays with the Freedom to Speak Up Guardian, to inform staff about the services on offer and listen to their concerns.

- The Chaplain also provided timely pastoral support at two cold debriefs following a major incident; for the colleagues of three members of staff who have died in service; and at another site following a particularly challenging event. This work involved 1-1 conversations as well as small and large group discussions. She also led a Time of Remembrance for Remembrance Day and provided space and support to mark the National Day of Reflection for Covid.

- **Improving Mental Health:** The trust held a workshop in July 2023 with representation from across the organisation, which aimed to identify priority areas to help reduce the stigma associated with mental health and improve support available to staff. This was held within the framework of the Association of Ambulance Chief Executives (AACE) Mental Health Continuum tool, as well as other national and

ambulance sector specific initiatives, ensuring an organisational comprehensive approach to mental health and wellbeing. Following the outputs from the workshop, three workstreams were established to be able to deliver in an impactful way: Improving access to information, Mental health and suicide prevention and Managers, leaders, and culture.

- The Workstreams commenced in Q4 and are expected to produce their workplans in early 24/25.

- **Massage chairs in contact centres:** Massage chairs to boost staff wellbeing were introduced in NWAS contact centres in November 2023. Funded by a grant from the Association of Ambulance Chief Executives (AACE), eight Alpha Techno 599I massage chairs were installed across all contact centres – sites included Broughton, Estuary Point, Parkway, Middlebrook, Oldham and Salkeld Hall. The funding used to purchase the chairs was specifically linked to supporting wellbeing of staff in contact centres.

  The chairs have been well used on all sites and the feedback from staff has been extremely positive.

- **NWAS Wellbeing Festival:** The Wellbeing Team supported by NWAS Public Health colleagues organised the trust's first Wellbeing Festival in November 2023, which was held at Estuary Point and saw the participation of 150 members of staff. The event provided a range of bitesize educational and interactive health and wellbeing experiences, plus the opportunity to get a health check done on the day.

  Festival highlights included a special guest visit from two newfoundland dogs courtesy of Pete Lewin Newfoundlands proved popular. The larger-than-life duo made themselves at home and certainly seemed to enjoy all the attention. Competition was afoot on the smoothie bikes, with staff enjoying the fruits of their labour in the form of a smoothie! Networking a plenty took place in the marketplace hall, with key stakeholders engaging, including attendees picking up freebee or two. Various educational sessions were on offer, including taster sessions such as Pickle Ball and breathing exercises.

The NWAS Charity also supported a number of workforce wellbeing initiatives over the last year, including:

- Funding gym equipment at the new Blackpool Ambulance Station Hub
- Providing for indoor and outdoor furniture, and other much-needed enhancements at ambulance stations and other NWAS sites to support better relaxation facilities before and after shifts, during breaks etc, or for debriefing after particularly stressful incidents.
- Funding to convert a previously underutilised space in 111 Middlebrook to create an area suitable for relaxation, and in which to hold debriefing sessions following particularly distressing calls or incidents.

We have also continued to work closely with sector colleagues and with The Ambulance Service Charity (TASC) on wellbeing initiatives, including supporting ongoing promotion of the TASC Mental Health crisis line launched in November 2022.

Vaccination Campaigns

We managed our annual flu vaccination programme for 23/24 with a similar model as previous years. A number of clinics were set up across the region to encourage all staff to have the vaccine. In addition, flu vaccinators were deployed to offer vaccines via a roving model.

We officially concluded our campaign at the end of February 2024 and the final uptake of the flu vaccine was 49% of staff, which is the same position as 22/23. This position compares well with other regional providers but reflects lower uptake of vaccination since the COVID pandemic.

WORKFORCE ENGAGEMENT

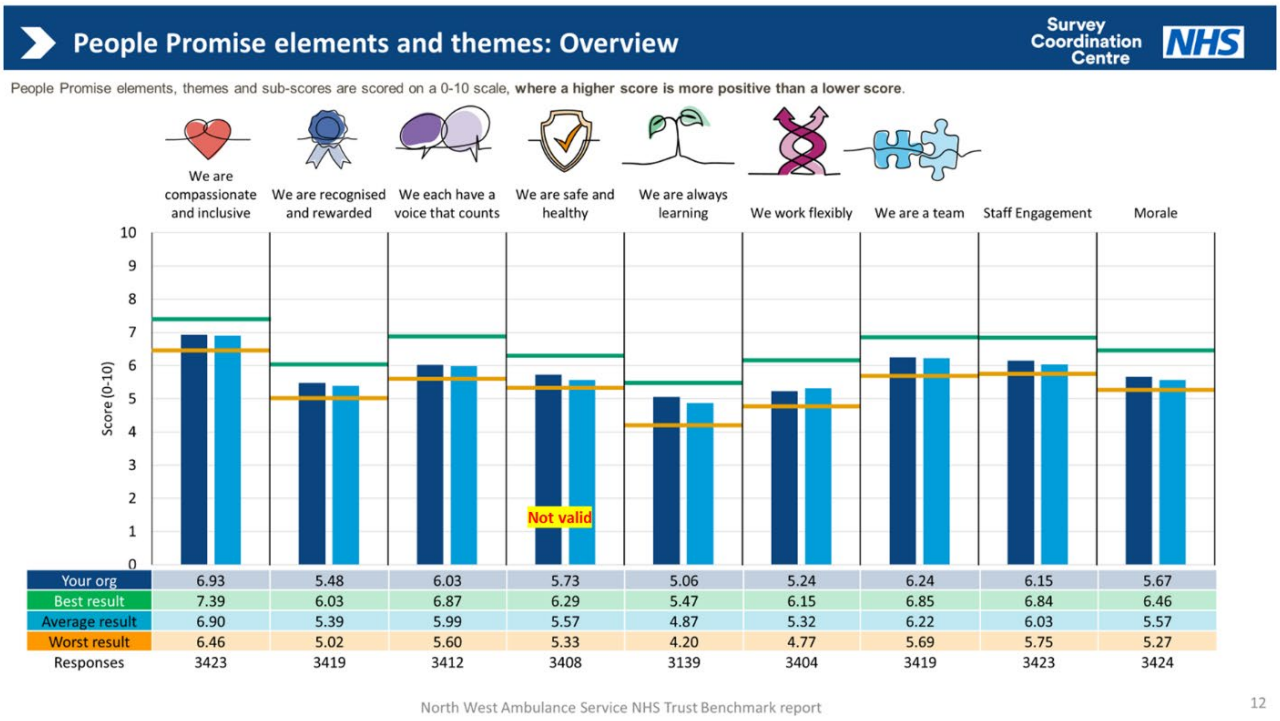
Providing staff opportunities to share their experiences, insights and views is an integral part of a positive employee experience. Annual and quarterly staff surveys along with forums of engagement provided by Staff Networks all support a listening culture, and enable the trust to demonstrate a key component of the NHS People Promise - 'we each have a voice that counts'.

National Staff Survey 2023

The NHS Staff Survey (NSS) provides an annual opportunity for staff to share how they feel about their experiences in their NHS trust. Fieldwork for the survey was undertaken from September – November last year which saw participation of nearly 50% of our workforce (over 3400 responses). This was the best response rate achieved by the trust, and NWAS had the second largest number of responses in the ambulance sector.

The Staff Survey is aligned to the NHS People Promise, and results show improvements across all elements of the People Promise compared to 2022. However, there are still areas where improvement is needed at a trust-wide level, and locally across service lines and in corporate teams. The results have been shared widely and have informed forward planning.

Performance against each of the key themes in the survey is shown in the graph below.
Note: The scores for 'we are safe and healthy' are not valid due to a data error affecting trusts nationally.



Key findings

While the response rate for the Staff Survey massively increased in 2023, it is noteworthy that the results for the large part had remained stable, or in fact improved.

For the third consecutive year, there were increased positive responses to questions relating to relationships with immediate managers and NWAS staff experiences were better than the ambulance sector average. Around two-thirds of respondents said that their immediate manager encourages them, cares about their concerns, and values their work. A similar proportion of staff said their manager takes a positive interest in the health and wellbeing, with over 80% of respondents stating this from 111.

More than half of respondents said they could develop their career in NWAS, access learning and development opportunities and felt supported to develop their potential. To build on this, work has been underway to develop the Developing Leaders Programme initiative - '#LeadNWAS.' This new programme will be launched this summer and is aimed at colleagues aspiring to be in a leadership role in NWAS.

Over 98% of staff indicated they had not experienced physical violence from managers of colleagues, but more than 1 in 10 said they had experienced harassment, bullying or abuse in work. Also, for the first time in 2023, the Survey asked about unwanted sexual behaviour – the results show that around 8% (9% nationally) of respondents have experienced unwanted behaviour of a sexual nature from colleagues. This rises to more than 1 in 10 for staff who work in PES, are female or LGBT+. To improve sexual safety in the workplace, the trust launched the Stop Speak Support campaign along with a clear statement setting out the expectations around sexual safety and sexual harm.

The Survey asked a number of questions about confidence in speaking up, and whether staff believe that speaking up will make a difference. Across all questions relating to speaking up, there were improved results compared to 2022. However, around only half of respondents felt confident that speaking up would lead to any changes. To make it easier for staff to 'speak up' about things which concern them, the Freedom to Speak Up (FTSU) team have created a confidential and anonymous online form and have installed this on all frontline devices.

Around 35% of respondents (less than 2022) indicated that they had not had any reasonable adjustments implemented to enable them to carry out their work. To ensure staff with disabilities or long-term conditions have the support they require in work, the trust recently launched a new Procedure for Managing and Requesting Reasonable Adjustments.

On health and wellbeing related questions, there were improved results overall. However still around three-quarters of respondents indicated they feel burnt out because of work, and less than half believe the organisation takes positive action on wellbeing, although this rises when asked about their line manager's support for wellbeing.

As part of the Survey, respondents were asked to fill in an equality monitoring questionnaire, as this helps with understand the variation in experiences of different staff groups. Some of this information is also used to inform the Workforce Race Equality and Disability Equality Standards. Across all the metrics, there positive improvements overall, however there is still a significant gap between experiences of staff from ethnic minority backgrounds and those with disabilities, compared to the rest of the organisation.

Next steps

A key recurring theme throughout the NSS responses is the variation in staff experience based on different part of the organisation which staff work in. To explore this further, work is underway with local teams to analyse their data and develop local plans which are responsive to the experiences of staff within those teams. The development of an organisational action plan, with the support and input of teams and colleagues from across the trust is also taking place to set out how on a trust-wide basis can improvements be made. The action plan will be aligned to the People Promise and managed by a new Staff Survey Action Group.

National Quarterly Pulse Surveys (NQPS)

The National Quarterly Pulse Survey (NQPS) provides a consistent and standardised approach, nationally and locally, to listening to staff at more regular intervals with a robust data set. NQPS focuses on the core set of nine questions which make up the engagement theme from the NHS Staff Survey which provide insight into motivation, involvement, and advocacy.

Scores from Quarters 1, 2 and 4 in 2023/24 are shared in the table below and can be seen in comparison to the previous year. The National Staff Survey is undertaken in Q3 and therefore the scores for this quarter are contained within the NSS results.

Theme	2023/24 Q1	2022/23 Q1	2023/24 Q2	2022/23 Q2	Q3	2023/24 NWAS Q4	2022/23 NWAS Q4
Staff Engagement	6.18	6.22	6.31	6.18	National Staff Survey	6.33	5.99
Advocacy	6.48	6.49	6.68	6.45		6.71	6.15
Involvement	5.72	5.71	5.93	5.70		5.90	5.64
Motivation	6.35	6.45	6.33	6.39		6.39	6.20

The scores show that over the last year, the average in each quarter has consistently increased across all four areas over the year, and the scores are an improvement on 2022/23.

Findings from the NQPS are considered along with the results from the NSS to better understand staff experiences, and to plan for future improvements.

Partnership Working

We continue to work in partnership with four recognised trade unions - GMB, Unison, Unite and RCN. Meetings are held every month with staff side representatives through the Trust Policy Group to discuss the development and revision of workforce policies and procedures. Trade unions also attend health and wellbeing meetings and are heavily involved in health and safety groups. Each service line has its consultative mechanism which focuses on staff and patient experience and the management of change.

A review of Partnership Working with ACAS progressed during 23/24 with the initial phase of the project completed to explore the current issues of concern and how to develop more robust partnership working moving forward. The final phase will be completed in Q1/2 in 2024.

EQUALITY, DIVERSITY, AND INCLUSION (ED&I)

Embedding equality, diversity, and inclusion into the fabric of NWAS continues to be a key organisational priority. The Trust Strategy highlights our ambitions to provide accessible care which treats each person fairly based on their individual needs, as well as acting to proactively address inequalities whether at work or in the services we offer to the public. It also outlines our commitment to inclusive leadership, understanding what it means to be anti-racist, considering the impact of decisions on diverse groups, adopting a zero-tolerance approach to discrimination, and developing a workforce representative of the communities we serve.

ED&I Priorities

The trust operates in accordance with the Public Sector Equality Duty as set out in the Equality Act 2010, demonstrating due regard to both the general and specific duties. Full details of how the trust has met its duties are set out in the Equality, Diversity and Inclusion Annual Report which is published separately to this report. However, a summary of key highlights is shared here.

Over the last year, we have continued to deliver on the three ED&I objectives agreed by the Board in 2021. Progress on each of the objectives is monitored through the Diversity and Inclusion Sub-Committee, chaired by the deputy chief executive.

The priorities are set out in the table along with significant activities which have been undertaken in 23/24 relating to these areas:

Priority	Significant activities
1. We will ensure our current employees and future talent have fair opportunities and access to jobs and career progression, resulting in improved representation of diverse groups at all levels of the organisation, including Board.	• Commissioned Employers Network for Equality & Inclusion (ENEI) to undertake an audit of NWAS recruitment processes to ensure they are inclusive and accessible. Recommendations from the audit are being implemented. • Established an Inclusive Recruitment Group to improve recruitment processes – membership comprises of operational and corporate teams from across NWAS. • Positive action recruitment work has expanded into new areas, with more partnerships with communities formed. • Designed an Aspiring Leaders programme which will upskill individuals from currently under-represented groups for management and leadership positions.
2. We will educate and develop our leaders and staff to improve understanding of racism, discrimination, and cultural competence, to deliver a step change in the experience of our staff and patient.	• Around 600 managers and leaders have participated in the Beyond Bias training module in the past year. Delivery of the module will continue in Q1 of 2024/25, and subsequently a redesigned training module will be launched covering a broader area topics. • The first successful cohort of the Reverse Mentoring programme was launched with the participation of 10 senior leaders paired with 10 frontline staff members.

	• Civility Saves Lives training has been implemented in core induction processes and focuses on the importance of respect and civility in creating inclusive and supportive teams.
3. We will improve our use of patient data and patient experience to drive improvements in access and health inequalities, for patients from diverse communities.	• The Sustainability Strategy published in the last year set out the trust's commitment to work as an effective system partner to improve population health across the North West. To achieve this, alongside improving the input, analysis, and utilisation of NWAS data to reduce health inequalities, we also worked on improving staff capability and capacity, and on developing interventions support prevention and provide holistic care. • The Clinical Audit team have implemented an ethnicity report in the EPR Data Quality Report - Power BI. The ethnicity report is a selection of key indicators taken from EPR which shows how compliant we are in completion of key fields within the EPR, one of which is ethnicity. • Analysis Patient Transport Service journeys has been undertaken to understand whether any inequalities in accessing service provision may exist, exploring variation by region, GP practice, and patient characteristics, such as ethnicity or disability.

ED&I achievements and progress

In 23/24, we have delivered a number of impactful pieces of work and achieved a range of accolades. A summary is shared below:

- Achieved Gold in the Employers Network for Equality & Inclusion TIDE kitemark for the second consecutive year – demonstrating the robustness of our ED&I processes
- In recognition of our work to address racial inequality within NWAS, we were awarded the Race Equality Matters (REM) Bronze Trailblazer Status. Bronze is the first stage in the Trailblazer series spotlighting organisations driving race equality.
- In December 2023, we achieved revalidation of the Veteran Aware accreditation – recognition of being exemplars of the best care for, and support to, the Armed Forces Community.
- Launched a new Procedure for Requesting and Managing Reasonable Adjustments – setting out guidance for staff and managers.
- Started a collaborative programme of work with Higher Education Institutes in the North West to improve the representation of Black and Minority Ethnic students on Paramedic Science courses.
- Redesigned and relaunched an improved process of Equality Impact Assessments.
- Relaunched the Religion, Belief and Culture guide (formerly Faith and Culture guide) - which allows for quick access to information on customs and procedures for communities across our geographic footprint.
- The trust has added three new LGBT+ Pride-wrapped operational ambulances to our fleet. These ambulances are not just emergency vehicles, they are symbols of inclusion and support and will be used for Pride events. When not in use for LGBT+ events, the vehicles will be out responding to patients across the North West.

- We are proud to have joined the Hidden Disabilities Sunflower scheme during National Hidden Disabilities Week. The Sunflower aims to raise awareness and assist individuals with hidden disabilities that are not immediately apparent to others.

Staff Networks

We recognise that diversity is something to be celebrated, and we are proud that our networks continue to provide safe environments where people are encouraged to be themselves, challenge the way things are done and work together with leaders to improve NWAS for everyone.

The following are the five staff networks currently operating in the trust:

- Armed Forces
- LGBT+
- Disability
- Race Equality
- Women's

Over the past year, the Networks individually and by working in collaboration have continued to make a positive impact in the trust. For example, to mark Black History Month, the Women's Network collaborated with the Race Equality Network (REN) to host an in-person event in Brockholes focusing on maternity experience. It was attended by internal and external colleagues. This collaborative event with the REN was the first between Networks and highlighted a real need for change across both NWAS and the NHS.

The Armed Forces Network maintained its strong form for the second year as a member led Network, continuing the rhythm of an event per quarter as well as advocating for the armed forces community across the trust's footprint. During the summer months the Network marked the anniversary of the Battle of the Atlantic as well as supporting the NWAS/Armed Forces service leavers career roadshow at Ladybridge Hall.

The NWAS Disability Network continues to thrive and marked its 2nd anniversary in December 2023 which coincided with Disability History Month. During this month, the Network worked with the Communications Team to share several short films featuring members talking about their disability and working at NWAS. The aim of this was to increase visibility of the Network and encourage more open conversations about managing disability in the workplace, as well as raise awareness of the prejudices people with disabilities face and what needs to change.

The Race Equality Network continued to focus on supporting staff, improving the culture within the organisation, and highlighting health inequalities. This was done through a number of key events, roadshows, and work programmes. The Network played a key role in the facilitation of HART taster days for Women and BME staff. This helped to promote HART to underrepresented groups at a time when they were actively trying to diversify their workforce. This action had the desired effect with an increase in applications from each group.

Finally, the LGBT+ Network has continued to grow and thrive during the year. The Network adopted a hybrid meeting model this year in which allowed for face-to-face meetings rotating across sites, but also facilitated members to participate via Microsoft Teams. This has led to continued increased participation in Network meetings. During LGBT+ History Month in February 2024, the Network worked with the Communications Team to promote the 'lived experience' and real-life stories of several senior NWAS leaders identifying as LGBT+. Network chair Adam Williams prepared a story about his experiences and on his LGBT+ hero Paul O'Grady and produced a blog in June too on "what pride month means to me." The Network also ran a lived experience story of Sophie Rice for Lesbian Visibility Day. The Network has also been present at Blackpool, Liverpool and Manchester prides and Network staff has also supported other local pride events too.

All staff networks respectively continue to receive the support of an executive sponsor and are provided with a budget to fund their activities.

ED&I Board Development

The Board continued to show commitment to ED&I agendas through participation in development sessions and engagement with Staff Networks (Executive Directors operate as Network Sponsors). At the most recent ED&I development session in January 2024, the Board received an overview of ED&I work undertaken in the trust over the past year, while also considering the impacts of what had been achieved and outcomes. The session also provided an opportunity to the Board to explore the journey of becoming an anti-racist organisation, and building an understanding of what is required from a leadership and decision-making level to achieve this.

The Board remains committed to supporting an inclusive organisational culture with a culturally competent workforce, operating with civility, respect, and compassion.

RESOURCING

In 23/24 the trust operational plans and workforce plans included plans to deliver the growth from the UEC recovery investment. This included an increase to both frontline resources and the workforce within EOC.

At an operational and tactical level, workforce plans are developed by the start of the financial year and are then actively monitored with service lines and finance monthly, to identify and address any developing trends. The planning process is dynamic with plans being reviewed monthly to allow the opportunity to discuss emerging issues that may impact on the plans and allow flexibility to accommodate changes. The anticipated turnover rate is mapped throughout these plans to allow a forward view over the next twelve months allowing service lines to visualise the anticipated workforce position. These detailed annual plans sit within the context of ensuring appropriate Paramedic supply and has informed regular engagement with NHSE North West and Higher Education Institute (HEI) partners.

Workforce planning

The delivery of the workforce plan is based upon maximising our recruitment and training capacity to support growth in frontline resources. There has also been a focus on ensuring that there is ongoing triangulation of the workforce position against the financial operating plan. Monthly workforce plans are produced for frontline PES, PTS and contact centres.

The additional funding received by the trust for UEC recovery led to an increase in frontline establishment of 176 frontline staff (75 EMT1s and 101 paramedics). The recruitment plans for EMT1s was challenging due to existing vacancy gaps and the focus through the year has been aimed at filling training courses. During this year, the structure of the EMT 1 classroom training has reverted from a modular approach to a 22 week course. This ensures that learners are fully trained at the point of deployment without the need to return to training school. This revised approach has been positively welcomed by both learners and Operational Management.

During the year, we have had successful recruitment campaigns for both qualified, international, and graduate paramedics, recruiting a range of applicants from universities within and outside the North West and qualified paramedics from other UK ambulance services.

Over the year there has been a rise in turnover across EOC call taking roles and as a result there has been a review of the approach to call taking recruitment. This has led to the development of a single Call Taker job description and person specification, which seeks to develop an agile approach to developing new call takers to enable the opportunity to work across the 999, 111 and PTS Contact centres. This has been supported by a review of end to end recruitment processes.

The PTS workforce plan has been focussed on recruiting to the baseline position taking into account the expected movement of staff to both EMT 1 and Urgent Care Assistant positions.

To support the challenging recruitment, plan this year a trust wide recruitment campaign ‘Careers with Heart’ went live in early 2024 and included billboard advertisements and adverts in large train stations. This was the first campaign of this nature and was aimed at attracting a broad and diverse mix of applicants to support filling vacancies during Q4 of 23/24 and during 24/25.

During this year there has been an ongoing reduction in agency usage within call taking roles in both 111 and EOC. Bank usage has remained stable and in line with the predicted position outlined on the 23/24 operating plan.

The following table summarises the numbers of front-line staff recruited during 23/24:

Staff Group	Permanent	Bank	Internal movements*	Total
UCS/EMT1/Apprentice EMT1	212	13	80	305
Paramedic - Band 5 & 6	197	46	112	355
PTS	93	33		126
EOC	177	5		182
111	171	5		176
Total	**850**	**102**	**192**	**1144**

*this includes staff who have moved from different service lines or from Bank posts

Leadership recruitment

The appointment of new leaders continues through values-based recruitment in line with our Be Think Do Leadership framework. Leadership assessment centres have been embedded to ensure fair, equitable and ethical recruitment practice. An evaluation is underway, and a number of focus groups have taken place to gather feedback and support the evaluation. Feedback will inform future process and ensure it is meeting organisational need. Between 23/24, we took 111 leadership roles through the leadership recruitment process, with only three roles subject to repeat process.

Statistical data was gathered where possible:

- 45 appointments were female
- 34 male and 1 not disclosed.
- 8 of the appointments stated that they had a disability
- 70 stated a white ethnic status and 9 BAME.

1492 applications were unsuccessful for leadership positions. Of the 1492 unsuccessful applicants, 389 were of a non-white background (148 female and 241 male) and a further 702 applicants were of a white background (339 female and 361 male, 2 not disclosed).

WORKFORCE DEVELOPMENT

We continue to deliver comprehensive induction programmes for all staff new to patient contact roles. A continual review of programmes and resources has resulted in investment in additional educators directly supporting new staff. Two internally delivered qualifications within trust induction programmes went through re-design in year to meet revised qualification specifications and considering learner feedback; these were Level 4 Diploma in Associate Ambulance Practice and the Level 3 Certificate in Emergency Response Ambulance Driving.

The Board of Directors signed off plans for a new induction programme that includes a leadership induction, NWAS induction and Team induction.

Apprenticeships

We also continue to deliver and grow our apprenticeships across our workforce and through 23/24 the trust had 778 employees registered on apprenticeships.

Against the Department for Education apprenticeship monitoring for public sector organisations, our position for 23/24 is set out below:

Percentage of apprenticeship starts (both new hires and existing employees who started an apprenticeship) as a proportion of employment starts between 1 April 2023 to 31 March 2024	34.48%
Percentage of total headcount that were apprentices on 31 March 2024	9.09%
Percentage of apprenticeship starts (both new hires and existing employees who started an apprenticeship) between 1 April 2023 to 31 March 2024 as a proportion of total headcount on last day of previous period	5.24%

The trust's workforce planning process plans for new emergency medical technicians (EMT) to be recruited as apprentices who undertake the Level 4 Diploma in Associate Ambulance Practice apprenticeship delivered in-house, with NWAS as a registered employer-provider.

Our investment in the development of its workforce continues and we have developed a progression pathway through which EMTs are able to join a paramedic apprenticeship programme, remaining in employment, and completing a level 6 degree apprenticeship. Since the programme commenced in February 2021 11 cohorts have commenced with 373 EMTs enrolled on programme. Five cohorts have completed with 139 former EMTs now registered as paramedics.

Our Advanced Clinicians are also supported through higher level apprenticeship study, with 17 active on the L7 Advanced Clinical Practitioner Apprenticeship in 2023/24.

We continue to commission external apprenticeships supporting staff development and recruitment across corporate and support roles, including finance, fleet, and communications. We had 32 apprentices supported through non-clinical apprenticeships.

Widening Access

Our widening access work continues to support events and activities which promote recruitment opportunities and inspire the future workforce, which supports our approach to widening participation in employment and training.

- We have provided 121 support to 32 internal staff seeking career progression and 64 external individuals seeking careers within NWAS.
- We have provided 22 online internal role specific support sessions for roles within PTS, 111 and PES. 433 staff attended these sessions in total.
- We have facilitated 15 live chats across national careers and apprenticeship weeks and to assist with recruitment drives for EMA and EMT roles.
- With the help of our ambassadors, we have attended 192 career events to increase the diversity in our workforce. We have reached over 77,500 individuals- both youth and adult. Priority is given to events which could support improving underrepresentation in the workforce.

- We welcomed 34 cadets from colleges across the North West. 21% are male and 79% female with 18% being of BAME background and 9% declaring a disability.

We have delivered 3 pre-employment programmes, and the attendance data is outlined below:

Demographic	Percentage
Gender	Male -37% Female 60% 3% did not disclose
Ethnicity	WB – 77% BAME - 20 % 3% did not disclose
Disability	17%
Age	16-20 -7% 21-25 –23% 26-30 – 10% 31-35 -17% 36-40 -17% 41-45 -7% 46-50 -7% 51-55 – 7% 56-60 – 7%

- We worked with the Blue Light Academy to provide CPD and learning opportunities to 299 staff. 22 different courses were accessed.

- 137 staff have accessed support to obtain functional skills in Maths and English.

We won The Recruit Lancashire People Award for “continued tireless work to support and inspire individuals into employment and providing exemplar information advice and guidance to both job seekers and their supporters. Whilst also always having a presence within the community presenting the opportunities NWAS has to offer.”

Supporting Staff Development

We support access to higher education modules of study as part of the continuing professional development (CPD) offer for paramedics (non-mandatory) with 519 modules supported. We are also working with a local university provider to develop a suite of on-line learning modules which will support staff development.

CPD & Learning Hub is a new platform that has been created to offer additional CPD information, opportunities, and resources for all staff to access. It provides staff with opportunities to refresh or enhance their skills on topics specific to their role, or general development around their career, wellbeing, skills, knowledge, or behaviours. It is available for all staff and roles across the trust.

In addition, we continue to support access to the ParaPass app for all our paramedics. The ParaPass app is a CPD platform which supports paramedics' learning and development and includes case scenarios, quizzes, self-assessments, etc. All PES staff currently have access to the app with registrants able to access the Paramedic eBook bundle to further support development in role.

The EMT1 bridging programme, which supports staff to gain the Associate Ambulance Practitioner qualification, has continued to be a successful route whereby staff gain the qualification which will support their aspirations to develop and become paramedics. 410 EMT1s have now achieved the qualification with an additional 18 currently on the programme.

The trust has also supported the continued professional development of staff across a spectrum of disciplines, responsive to learning needs identified through the appraisal process and personal development plans. 104 external courses at level 5 and above were supported ranging from attendance at single day workshops to supporting Masters degrees.

Appraisals

We have developed an online tool – Aspirer, to support the appraisal process. It is a digital solution that provides a platform for scheduling and recording appraisals. A soft launch continues in the trust along with developing plans to further enhance the platform to bring together evidence of the support we provide to our people. Appraisal compliance targets for the year were set at 90% for corporate teams and 85% for operational teams. For NWAS as a whole, by the end of March 2023, the trust position was 86% of our people with an up-to-date appraisal with their manager.

Statutory and Mandatory Training

For 23/24 mandatory training delivery was able to return to pre-covid duration and content for the PES service line.

All areas met or exceeded their compliance targets with the overall year-end position of 89% compliance against a target of 85%.

COMMUNICATIONS AND ENGAGEMENT

Our Communication and Engagement Strategy 21/24 is supported by annual action plans which are delivered by the Communication and Patient Engagement Team. The team is split into two dedicated sub teams providing the full mix of communications and patient engagement services.

The Communications Team provides staff and stakeholder engagement, media handling, film making; website, campaigns, event, and crisis management, using the full range of digital and traditional media.

The Patient Engagement Team manage our Patient and Public Panel, an annual programme of patient experience surveys, public and community engagement and our community listening events to help inform service delivery and enhance patient experience.

Together they place patients at the heart of our organisation and support the delivery of excellent care for our communities, ensuring the accurate and timely flow of information to the region's diverse communities, as well as engaging with stakeholders, partner organisations and our own staff.

Communications

The Communications Team has a wealth of experience in dealing with complex engagement activities and this has been utilised to the full with some major challenges in 23/24.

Three key events in the year required the team's expertise in both external and internal communications, balancing ensuring transparency and subject detail, with timeliness of the communication, adapting to the appropriate audience, empathy and personalisation and identifying what the audience wanted and needed to know.

Time to Celebrate!

The year was one of many celebrations starting with the excitement of the King's Coronation in May. As an organisation which proudly bears a royal crest, the Communications team went all out to ensure staff could join in the happy event with goodie boxes containing bunting, biscuits, wildflower seeds, crowns, flags, and King Charles III masks!

In addition, the team helped to distribute special commemorative coins commissioned by the Association of Ambulance Chief Executives (AACE) to all staff.

Later in the Summer, it was party time again with a special event organised by the team to mark 75 years of the NHS. In true garden party style, a marquee was erected at trust headquarters and the sun shone for more than 150 staff from all over the organisation – those who had just joined the service, our longest serving and those who shared a birthday with the NHS. They enjoyed a buffet, cakes, and music from the 40s and 50s as well as an opportunity to browse memorabilia from the NWAS museum collection.

Our final large celebratory event took place in September with the annual NWAS Star Awards attended by more than 400 staff from all over the North West and all trust teams. Funded entirely by donations and sponsorship, the spectacular event was hosted by BBC radio presenter, Nayha Ahmad. Ten peer nominated awards were handed out covering categories such as team leader, rising star, volunteer, outstanding team work and compassionate care.

We are especially proud to say that all these celebratory events for staff were paid for by either NWAS charity or sponsorship monies and would like to thank those who have generously donated or sponsored them.

Not forgetting the amazing people who give their time for free to support our service, the Communications and Patient Engagement team hosted the trust's first ever combined Volunteers event to celebrate everything about our patient and public panel members, our volunteer car drivers, and our community first volunteers and recognise their contribution.

Focus

The Communications team is ever evolving, learning, and looking at best practices to reach our many internal and external stakeholders.

Improved accessibility has been a key area of focus across both sides of the team during the last year and a concerted effort to improve engagement with the trust's NHS Staff Survey resulting in our highest ever return rate.

A comprehensive review of our website has resulted in an ongoing effort to ensure all our information and documents are accessible to those who have visual, hearing, mobility and thinking and understanding impairments. The team has undergone training to improve writing and design styles to complement this. This work will continue into the next year and is now a priority consideration for all written and video communications.

As a Category One responder, the trust has a statutory duty to provide public warning and informing information to the public in the event of a major incident. There is also a requirement to communicate with staff and to support the operational response to a variety of levels of incidents and the team has a protocol outlining what is expected from them. Following a review of this, several changes were required to ensure it also encompasses communication's actions in the event of a critical or business continuity incident.

The team supported Operations in the media handling for the fatal bus crash on M53 in September and a chemical leak at an industrial premises on Trafford Park, Manchester in March.

There is a strong focus on learning after each of these types of events with follow up debriefs to discuss what went well and where improvements can be made, and these also resulted in updates to the team protocol.

Additions to our processes this year include a formal log of incident exercises attended by members of the team and the use of JESIP log books to record actions and decisions. We have also delivered a comprehensive

programme of media training hosted by the trust press officer, to more than 150 operational commanders and managers.

TV Stars!

NWAS once again took part in the BBC award winning documentary series 'Ambulance,' with filming taking place in 22/23 and 23/34. The filming for series 11 and 12 featured staff from south Cumbria, Lancashire and Greater Manchester and hit the nation's screens in the Summer of 2023 and Spring 2024.

The programme regularly attracts viewing figures of 3.5 million and sparks trending discussion and debate on social media. It is also a great opportunity for us to showcase the varied careers within our organisation and drives visitors to the careers section on the trust website.

Read all about it!

NWAS is one of the largest ambulance services in the country and as such, is of major interest to the media. We provide a Monday to Friday Press Office function, as well as an out of hours service for urgent enquires and deal with media requests from all the UK.

During 23/24, we secured impactful print and broadcast coverage to support key messages and trust priorities, including examples such as winter messages, trust achievements, new initiatives, and our favourites, patient reunions with the staff who saved their lives.

We are always on the look out to increase opportunities to reassure the public, provide positive health messages and profile the trust externally.

However, we do know that not all news is good news and there are times when patients who are unhappy with our service. Our skilled press office team expertly respond to these media enquires with empathy and understanding, with the objectives of giving assurance to the public and maintaining the trust's reputation, particularly regarding questions arising from long delays and harm.

The NHS and ambulance performance has featured heavily in the media in 23/24 as the challenges of hospital handovers and delays became apparent.

The press office handled more than 750 enquiries during 23/24 ranging from simple incident enquiries to more complex enquiries on both a local and national level. We respond to these via media statements or by arranging TV and radio interviews with key personnel

Campaigns

Each year, the team works with operations to identify key dates, events and topics which could either impact heavily on our services or attract new employees and volunteers. Using this information, we devise targeted campaigns delivered via social media, films, traditional print, and broadcast media and by engaging with local communities.

The biggest campaign we host each year covers the Winter period and is designed to help support the operational team during what is our busiest period in terms of demand.

For winter 23/24, our key themes were using 999 wisely, falls prevention, repeat prescriptions, mental health awareness and use of our patient transport service. The themes were chosen based on data analysis with a targeted spread across the region and across service lines.

We worked closely with NHS England NW and regional ICB communications leads to join up our plans from conception and support each other to get the key messages out to a wider audience and avoid duplication. We also engaged closely with our Patient and Public Panel who provided feedback during the planning and implementation phases and used our community listening events to elicit further feedback through interactive table top exercises and other activities.

This year, we also ran a 12-month recruitment campaign to raise awareness of the different career opportunities at NWAS and provide a clear call to action for people to find out more and apply to start their journey. This was aimed at call handler positions which have a high recruitment gap.

The concept of the campaign highlighted that there are many different career opportunities at NWAS that all have one thing in common – heart and aimed to attract people who want to help others, make a difference, and have pride in their career.

The campaign launched in January 24 featuring a range of tactics including, pay per click advertising across Meta, Linked In, Spotify and Google display covering a 12 month period, out of home advertising targeting commuters on 50x lower rear buses and 50x national rail 4 sheets covering a one month period and billboard ads.

During January, page views for the current vacancies pages on the website were up 104% compared to December 23. The careers page views were up by 64% and the apprenticeships page up by 40%.

Stakeholder Engagement

The Communications team handles all our non-incident related MP and council enquiries, responding to approximately 40 letters each year. The team also organises attendance at council meetings, producing reports and presentations as required and are the main point of contact for parliamentary questions, which come in via the Department of Health and NHS England. We facilitate meetings with operational managers and local MPs and visits to NWAS sites by key figures.

All stakeholders receive a quarterly newsletter, and ad hoc briefings are issues on topics that need swift communication such as winter demand and activity.

In 23/24 four newsletters and briefings were produced together with four editions of ‘Your Call’, the trust’s award-winning publication for staff, patients, and public and five editions of Winter Watch.

Social Media

We are very proud of our social media presence which has received compliments from our peers within the NHS communications sector and continues to be our main source of news and engagement. The trust has accounts on X (formerly known as Twitter) with 68.4k followers and Facebook with 83k followers. We are also present on Instagram with 19k followers.

We use social media to publish our news (linking through to our website), make announcements and showcase the great work of our organisation using lively, engaging two way dialogue. The sites also heavily feature in our incident response plans so we can utilise them at a moment's notice to issue public warning and informing information in the event of a major incident.

When Twitter became X, we made a conscious effort to up our presence on our LinkedIn page and in the 23/24, the net audience growth rate increased by 61.4% in comparison to the previous year with over 2,100 new followers. In addition, the page has seen an 836.7% increase in engagements for the same period and our engagement rate has increased by 28%.

Website

Between April 23 and March 24, we have had 923,276 engaged sessions on our website, an increase of 15.5%. The most visited pages include vacancies, including the new careers with heart campaign, apprenticeships, an improved PTS section and our locations.

There has been a concerted effort to ensure our webpage meets WCAG 2.2 standards – this has included reviewing and amending all links and images, alongside converting key documents from PDF to HTML – such as the trust strategy, supporting strategies, annual plan, PSIRF patient guide and policy, risk appetite statement, gender pay gap report, equality impact assessment policy and procedure, and more. This work is ongoing.

The team has also undertaken various training sessions linked to accessibility – including plain English, easy read training, and website accessibility training.

We have worked with patient and community groups to create 'easy read' versions of the trust strategy and service line information and looked at how we can improve the accessibility of key documents such as Board reports/papers and the Annual Report – both of which are published online and intended to be available to a public audience. We will continue to work closely on this.

Freedom of Information

As a publicly funded organisation, NWAS must comply with the Freedom of Information Act 2000. Overseen by the Information Commissioner's Office (ICO), the Act requires us to respond to 90% of requests within 20 working days but we work to our own target of 95% within the same time frame.

438 Freedom of Information and Environmental Information requests were handled by the Communications team in 23/24 and the team achieved a compliance rate of 98%.

On the appointment of a new dedicated FOI Officer this year, the response process has been overhauled with new templates and recording of information and team has started delivery of an FOI training package to all trust departments to ensure full understanding of our obligations under the Act.

Internal communications

After our patients, the largest group of stakeholders is our staff and within the Communications team, there is a dedicated group which focuses on ensuring our workforce is listened to, engaged with, and has the opportunity to have their stories told.

This year, the focus of this sub team was to support the launch of the trust's strategy and key priorities, recognise and celebrate our staff and their achievements, increase the board's profile, communicate, and provide opportunities to engage with our staff, support the health and wellbeing of our staff, ensure staff have access to the latest clinical and other information updates and promote our staff networks and champion inclusivity and accessibility through our activity.

The team worked with colleagues from Strategy to refresh and continue to embed the trust's strategy and as part of this work, we promoted the roadshow and produced summaries of the main strategy and supporting strategies, including plain English HTML versions for the website. We continued to make a link back to the trust strategy in all communications wherever possible, particularly CEO messages and the weekly Regional Bulletin.

Through a focused internal communications plan, the trust achieved our highest ever response rate for the annual NHS Staff Survey with nearly 50% of our workforce responding – actions included the incentive of a £5 Costa Coffee or Cafe Nero voucher and for the first time, we used films featuring colleagues from across the trust, including some who are also involved in the trust networks, saying why they were filling in their staff survey and how easy it is to complete.

A range of bulletins and podcasts were produced to help keep staff informed and up to date on trust achievements and activities including: 38 CEO messages, 40 clinical bulletins, 111 operational bulletins, 5 HR bulletins, 50 weekly bulletins, 11 health and wellbeing bulletins, 1 podcast and sadly, 36 In Our Thoughts bulletins. A new addition to the Green Room was also introduced allowing staff to leave messages of condolence to be shared with the deceased's family.

Earlier in this report, we referred to external campaigns, the Communications team also runs internal campaigns with focused objectives, working with project teams across the organisation.

In October, the Body Worn Video Camera pilot was extended and rolled out across the entire trust and within the first four weeks of the campaign, usage of the cameras rose from 10% to 25%. Currently, it is sitting at 42%.

The team continues to provide close support to all our staff networks through bespoke communication plans, support for and promotion of various events, awareness days, sharing of staff and patient experiences to aid learning.

Other internal communications highlights for the year include the flu campaign and increasing uptake of the vaccine, promoting the use of iPads for the new EPR launch, supported the digital team with promotion of wallboards content and smart site technology, we rebranded and re-launched the Staff App and promotion and supported the NWAS charity.

We recognised that an organisation is only ever as strong and healthy as its workforce and so we produce our Better Health Better You e-newsletter which we are pleased to say has been shortlisted for a comms2point0 UnAward.

It is consistently one of our most read email communications with more than 3,000 staff reading it each month. Each edition features staff experiences on topics such as cancer, menopause, mental health, endometriosis, addiction, suicide prevention, eating disorders and more.

We are regularly approached by staff to feature in these newsletters which shows its value as a health and wellbeing aid.

This year, we relaunched our thank you card initiative which allows staff to show their appreciation to colleagues and formally recognise their positive contributions. To mark the relaunch, this year we are selecting two names from a list of colleagues who have been recognised with a thank you e-card, and they are then awarded with a £10 voucher via email. Since relaunching in December 2023, the initiative has received over 400 submissions from staff right across the trust. In addition to our electronic thank you cards, that have helped staff morale, we have also introduced physical ones to the reception of Ladybridge Hall, with Estuary Point and Broughton to also follow in the new financial year.

Green Room

The Green Room is the trust's internet site which is available to all staff via laptops, mobile phones, and iPads. It contains a wealth of information including news, policies, guides, learning and various reporting forms. In 23/24, we have had 1,851,785 engaged user sessions compared to 1,643,189 in the same period for 22/23; an increase of 13%.

During this period, over 70,000 library files have been opened and/or downloaded from the Green Room library, suggesting that it continues to be a useful way for staff to find information.

We introduced the single sign-on feature this year, allowing users to access the Green Room more efficiently and easily.

Use of tablet devices to access the site has continued to increase suggesting the trust-issued iPads continue to be a popular way for staff to access content on the Green Room.

Most visited pages include the managers on duty area, the HR portal, bulletins, and the resources page, which has recently been updated to be more user friendly after staff feedback.

We re-launched our Buy, Sell, Swap forum area on the Green Room after making some changes and improvements, with staff successfully using the area to request and sell unwanted items.

Stakeholder workshops and surveys on user experience of the Green Room have been conducted, with a plan to implement improvements to the navigation, search function, and accessibility.

Film

The trust benefits from having an inhouse videographer and this year, we have produced more than 86 videos on a wide range of subjects including highlighting those who were nominated for a trust Star Award, sharing inspirational stories from our staff who live with visible and hidden disabilities, providing operational changes and updates, as well as supporting headline campaigns such as summer safety messages and various aspects of our winter plan. A regular programme of patient and staff stories are produced to share with the Board to support organisational learning. These are now also housed on the trust's Green Room. The use of video has also boosted our reach on social media and is a vital tool for external promotional campaigns.

The internal communications team also supported by filming videos for projects such as EP, the STEMI Quality Improvement Project with Dr V J Karthikeyan, Interventional Cardiologist at Manchester University Foundation Trust, as well as an increase in demand message from Medical Director Chris Grant.

Looking Forward

A big focus for the Communications team in 24/25 will be the continuation of ensuring its communications are accessible for all and represents the many diverse communities which we serve in the North West.

We will further progress our Careers with Heart recruitment campaign to ensure our workforce is diverse, reflects the communities we serve, and we attract those who have a passion for healthcare. A new strand will be added to the campaign as we extend it to our Volunteers with Heart to expand our family of volunteers.

We will also continue to use data insights and patient experience to inform our Summer and Winter 24/25 campaigns and initiatives over the next year.

With regards to our staff, we will focus on sexual safety, developing anti-racism and anti-discriminatory messages to encourage staff to stop, speak and support each other, promoting inclusivity and continuing to educate our workforce about the many different cultures within our region.

Patient Public and Community Experience and Engagement

Each year the trust's Patient Engagement Team deliver an extensive patient engagement programme in line with our Patient Public and Community Engagement Framework and Implementation Plan. The plan sets out the ways we propose to engage with and obtain feedback from our patients across all service areas, including our Paramedic Emergency Service (PES), Patient Transport Service (PTS), the NHS 111 Service and our Urgent Care Desk.

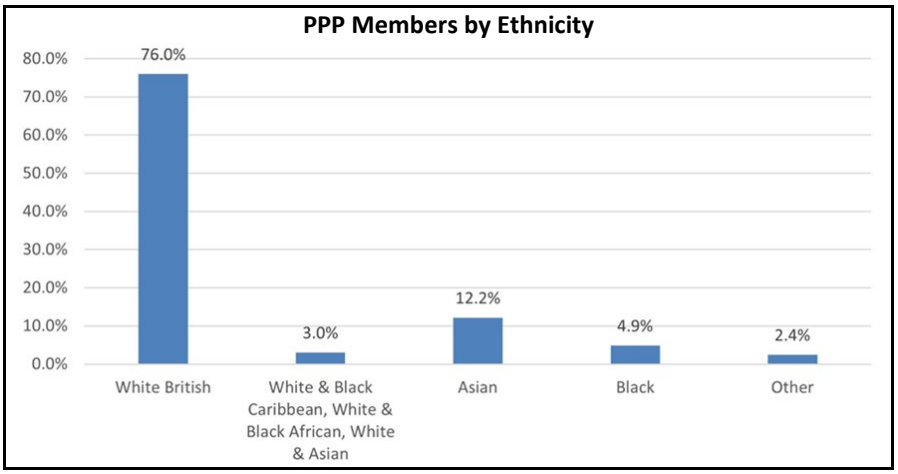
A minimum 1% of PTS, PES See and Treat and 1,200 NHS 111 patients receive the opportunity to provide Friends and Family Test (FFT) feedback monthly. Whilst the nationally mandated NHS 111 patient experience survey is

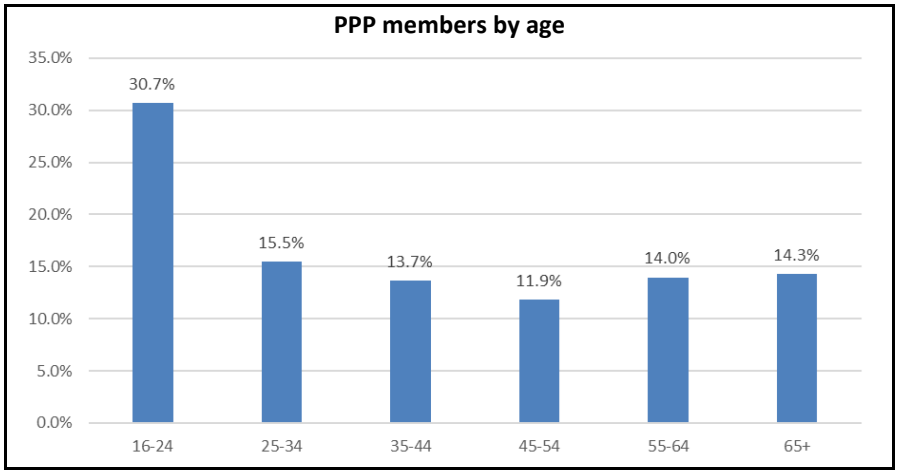
still postal, we now offer predominantly digital opportunities to provide feedback using SMS text and links to our online surveys. In 23/24 we refreshed our QR code feedback posters and returnable postcards on both 999 and PTS ambulances in order for patients to be able to provide real time feedback.

The past year also saw a return to mainly face-to-face engagement with patients and community groups. Positively we were also able to listen to the issues and experiences of our patients from mixed ethnic communities at our 5 community listening events.

Another success was the continued growth and development of our Patient and Public Panel (PPP), now at 329 members. 23/24 was also the best year to-date for increasing the diversity of the Panel's membership, rising from 16% to 24% for cultural representation, 31% for youth representation and 20% for representation of patients with disabilities. The Panel's feedback and lived experience are invaluable to the trust to better understand patient experience, produce stories, analysis, and themed findings which in turn inform service development.

A breakdown of PPP members by ethnicity and age can be found below.





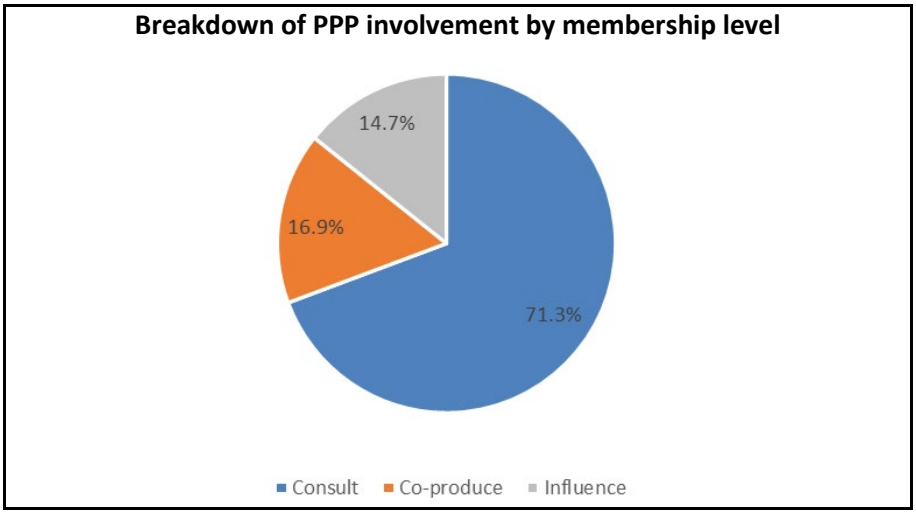
Patient and Public Panel - Giving our patients 'an increased voice'

Our volunteer Patient and Public Panel (PPP), established in 2019, is made up of representatives from local communities, interest groups, the voluntary sector and partner organisations, and offers meaningful opportunities for members to influence decisions and identify improvements in our urgent and emergency care, patient transport, NHS 111 and back-office services in a way that suits their lifestyle and the time and commitment they are able to give. Panel members bring expert lived experience and knowledge of our services and offer valuable insights into numerous projects, initiatives, policies, systems, and campaigns.

The PPP has a flexible infrastructure to enable patients/the public to become involved at one or more levels that best suit them. All levels are equally important and consist of:

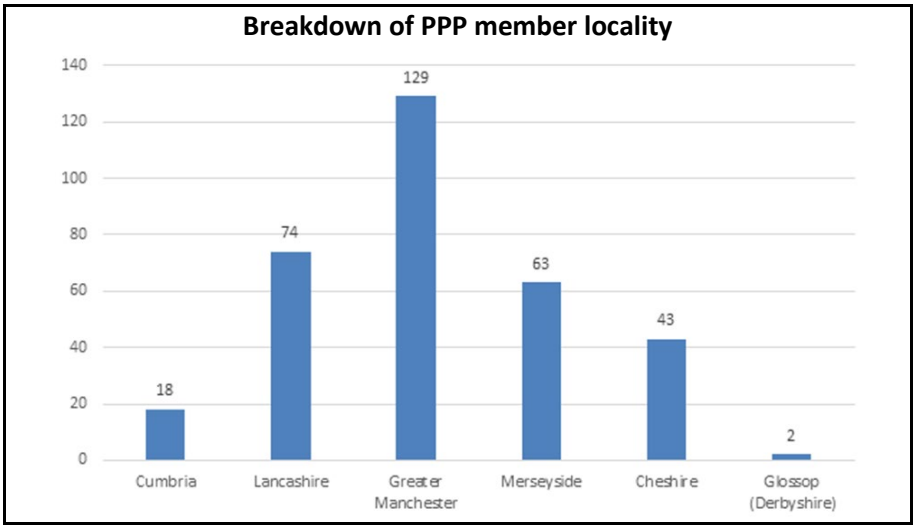
- **'Consult'** is virtual, making the most of digital channels to interact with members who can get involved whenever or wherever they choose
- **'Co-produce'** panel members work together on short-term projects using co-production techniques
- **'Influence'** members take an ongoing, active role in high-level meetings to enhance decision making and discussions.

A breakdown of PPP member's involvement by level can be found below.



Our PPP has continued to grow, and we have actively engaged the membership via both face-to-face and virtual platforms throughout the past 12 months. Our 329 PPP members are fully inducted, with most already involved in the work of the trust.

A breakdown of where our Panel members live is shown below. Membership from the Cheshire and Cumbria localities is currently slightly below the target representation compared to the other areas we cover across our footprint.



During 23/24, PPP members have been invited to get involved in 88 opportunities, with 27 requests for panel involvement from staff across the trust. Areas the PPP have been involved in include regular attendance at high-level meetings such as area learning forums, attendance at trust Board and learning from deaths. PPP members have been involved in various projects at the trust, including the blood pressure data sharing project, end of life care research study, EPR referrals, trust privacy notice, our winter demand management campaign and review of the friends and family test survey cards.

The panel membership receives regular information via a weekly roundup newsletter and opportunities to engage with each other on a dedicated PPP members area of the trust's website. The trust is very proud of its volunteers and their achievements and for the first time in June 2023 we held a joint volunteers celebration and recognition event in collaboration with our VCDs, CFRs and Welfare Van volunteers. Feedback from this event will be used to inform how we recognise our volunteers in 24/25.

A PPP achievements summary book will also be produced in recognition of the Panel's achievements during the last year and their 5th year anniversary in September 2024.

Patient experience surveys and the Friends and Family Test 23/24

Service based patient experience surveys and the Friends and Family Test (FFT) are important feedback tools that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. Listening to the views of patients and staff helps identify what is working well, what can be improved and how.

We have dedicated surveys for our 999, Urgent Care, PTS and NHS 111 services inviting patients or those who care for them to provide feedback on all aspects of their experience with us. Each year these are reviewed by service teams and our PPP for suitability.

The FFT asks people if they would recommend their friends and family to use our services and offers the opportunity to qualify their response with supplementary information. The trust receives a lot of detailed feedback via the FFT which is vital in transforming our services and improving patient experience.

During 23/24 we saw an 8.9% cumulative return rate for PES, UCS, PTS and NHS 111 patient surveys, (an increase of 0.8% from the previous year), with the most returns received from our postal NHS 111 surveys, at 11.8%. A significant number of patients have provided feedback using varying channels, with over 22,500 completed returns.

2023-2024 Patient survey channel table *(Please Note: All data as of 09 April 2024)*

Patient Engagement Survey - Survey Channels (01 April 2023 - 31 March 2024)		Completed Returns	% of Total
Patient Transport Service PE Survey	(Via SMS delivery - On-line completion)	1,268	5.64%
Patient Transport Service - Friends and Family Test (FFT)	(SMS Text completion)	13,419	59.63%
Patient Transport Service - Friends and Family Test (FFT)	(Post cards)	128	0.57%
Paramedic Emergency Service PE Survey	(Via SMS delivery - On-line completion)	1,158	5.15%
Paramedic Emergency Service - Friends and Family Test (FFT) - (See and Treat)	(SMS Text completion)	4,080	18.13%
Paramedic Emergency Service - Friends and Family Test (FFT) - (See and Treat)	(Post cards)	22	0.10%
Paramedic Emergency Service - Friends and Family Test (Comment Card) - (Convey	(Post cards)	104	0.46%
Urgent Care Service PE Survey	(Via SMS delivery - On-line completion)	479	2.13%
NHS 111 Service PE Survey	(Postal)	1,844	8.19%
	TOTAL	22,502	

Feedback received during 23/24 shows high regard for ambulance services and particularly the care and treatment provided by staff. A high 94.7 % of PTS and 93.3% of PES patients respectively stating that they were ‘cared for appropriately with dignity, respect, kindness and compassion’ - see table below.

Patient survey data by quarter for 23/24

NB Fields below showing 'not applicable' indicate that the question was not included in that survey.

2023 - 2024 Patient Engagement Surveys

SMS Text Delivery/Postal/On-line

(01 April 2023 - 31 Mar 2024)

Service Line	Cared for appropriately with Dignity, Compassion and Respect (Strongly Agree/Agree)					Overall Satisfaction Received (Very Satisfied/Fairly Satisfied - Yes)					Overall Experience of Service / Recommend Ambulance Service to Friends andFamily (Very Good/Good - Extremely likely/Likely)				
	Q1	Q2	Q3	Q4	YTD	Q1	Q2	Q3	Q4	YTD	Q1	Q2	Q3	Q4	YTD
Patient Transport Service	95.2%	93.4%	95.0%	94.4%	94.7%	n/a	n/a	n/a	n/a	n/a	90.8%	93.4%	91.2%	90.8%	91.6%
Paramedic Emergency Service	96.9%	94.6%	89.1%	92.6%	93.3%	n/a	n/a	n/a	n/a	n/a	94.5%	90.9%	87.7%	90.6%	91.2%
Urgent Care Service	84.9%	85.5%	90.4%	90.6%	87.9%	n/a	n/a	n/a	n/a	n/a	71.2%	64.1%	68.1%	77.4%	71.6%
NHS 111 Service	n/a	n/a	n/a	n/a	n/a	87.4%	88.2%	88.8%	87.6%	87.7%	87.4%	88.5%	90.1%	88.5%	88.5%

Examples of additional narrative in feedback include:

"The ambulance arrived very quickly. The crew were very reassuring and dealt with my husband considerately and with respect and compassion. They were very knowledgeable." (PES).

"Fantastic service! Booking was really easy, and the person was extremely helpful. The ambulance staff were very friendly, caring, and considerate! Excellent service. Thank you." (PTS)

91.2% of PES patients, 87.7% of NHS 111 patients and 91.6% of PTS patients also found their overall experience of the respective services either good or very good.

"The staff went above and beyond. So friendly, made me feel at ease and comfortable. Interacted, made me feel safe and calm." (PTS)

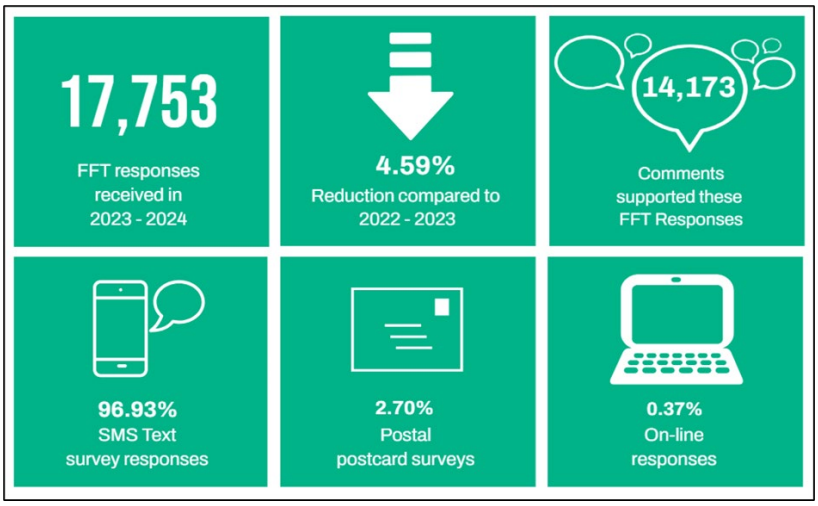
"We have used NWAS three times for emergencies in September and October 2023 and on each occasion all the staff from call centre to calls back and the paramedics were a credit to NWAS and very caring, understanding and helpful." (PES)

"Very friendly staff which made me feel at ease with my call. A lot of questions asked to get me the right treatment/care but never once felt I was being a nuisance! Excellent trained team. Prefer to speak to this team over my GP/local." (NHS 111)

Friends and Family Test (FFT)

PTS and PES see and treat patients receive the opportunity to provide FFT feedback monthly through an SMS message. Monthly FFT data is shared via IPR at Board, Quality and Performance Committee and nationally with NHSE. A thematic analysis of the FFT qualitative feedback continues to show a high regard for the professionalism, care and compassion shown by our staff. Areas of learning include delays, waiting times, and where there could be expectations for some of our more vulnerable PTS patients when using third party or bariatric services and wheelchair support.

A breakdown of the FFT feedback data and channels used to gather patient experience is provided below. As can be seen, a high number of patients provide qualifying narrative to support their response.



Demographic analysis of patient survey and SMS FFT respondents

The percentage breakdown of survey respondents by demographics for our PTS, PES, UCS and NHS 111 surveys is below, and where we received FFT feedback via SMS on our PES and PTS service lines.

Some key headlines show:

- 94.6% of PTS respondents are over 45 years of age.
- 60.1% of NHS 111 respondents are female.
- Over 80% of PTS respondents declared a disability.
- An average of 5.66% of all respondents were from ethnic minority communities.
- On average, 1.94% of all respondents preferred not to declare their ethnicity.

A focus for 24/25 will be to increase the amount of feedback we receive from mixed ethnic communities and to improve the capturing and reporting of demographic information and protected characteristics.

Percentage data breakdown of 23/24 respondents by demographic

2023 - 2024 Patient Engagement Surveys Summary of Key Demographic Data (01 April 2023 - 31 March 2024)		PTS (URL Link)*	PES (URL Link)*	UCS (URL Link)*	PTS FFT (SMS Text)	PES FFT (SMS Text)	111 (Postal)
Patient Age	Under 16 yrs	1.0%	2.2%	2.9%	1.2%	1.3%	4.1%
	Over 16+ yrs	99.1%	97.8%	97.1%	98.8%	95.5%	95.9%
	Over 25+ yrs	98.7%	92.8%	90.6%	98.3%	91.2%	92.5%
	Over 35+ yrs	97.3%	86.2%	82.0%	97.1%	85.1%	84.3%
	Over 45+ yrs	94.6%	77.7%	68.8%	94.1%	74.2%	74.7%
	Over 55+ yrs	86.0%	67.3%	56.1%	85.2%	58.3%	65.4%
	Over 65+ yrs	65.2%	53.2%	39.6%	64.3%	35.5%	50.3%
	Over 75+ yrs	35.3%	31.8%	24.1%	37.4%	18.4%	31.1%
	Over 85+ yrs	9.2%	11.7%	7.2%	10.2%	5.4%	No data
Patient Gender	Female	54.5%	52.9%	51.1%	54.1%	58.7%	60.1%
	Male	45.1%	46.3%	47.9%	45.9%	37.3%	37.9%
	Prefer not to say	0.4%	0.8%	1.1%	0.0%	4.0%	2.0%
Patient Impairment	Limiting illness	n/a	n/a	n/a	n/a	n/a	47.5%
	None	17.8%	41.0%	46.0%	7.4%	39.8%	46.9%
	More than one	n/a	n/a	n/a	24.0%	15.0%	n/a
	Mobility	67.0%	35.1%	25.2%	53.1%	18.6%	n/a
	Hearing	14.9%	17.1%	7.8%	0.9%	1.3%	n/a
	Visual	12.1%	5.3%	3.3%	3.8%	1.0%	n/a
	Mental Health	11.7%	15.1%	24.5%	2.2%	10.1%	n/a
	Dementia	n/a	n/a	n/a	0.8%	2.0%	n/a
	Learning	2.0%	3.5%	5.0%	0.7%	1.9%	n/a
Patient Ethnicity	(Black & Minority Ethnic Communities)	3.6%	5.0%	4.8%	5.5%	8.6%	6.5%
	Prefer not to say	1.8%	1.3%	2.1%	2.7%	3.8%	0.0%
Demographic Data Request	No response provided	0.0%	0.0%	0.0%	0.0%	0.0%	2.7%

Patient, Public and Community Engagement

Whilst patient surveys provide us with a real insight into the care and treatment that patients have received, another method we use to gain qualitative feedback is by engagement with community and patient groups within our region. Our focus has been to reaffirm the basics of what we offer across each of our 3 main service lines and to explore any misconceptions and/or barriers to access. We have also used these valuable face-to-face opportunities to educate our communities about self-care, winter health messaging and offer service-based activities to elicit their understanding and experience of care.

Over 14 virtual engagement events and 19 face-to-face engagement sessions were attended by the trust as principal speakers, advisory or facilitators. Some examples include Lancashire Teaching Hospitals (LTHTR) Carers Group Forum, Healthwatch Wirral BRIDGE Forum, Salford Deaf Community Group, and the African Caribbean Care Group.

In addition to this we have also been able to attend 28 high footfall, face to face events in 23/24. Examples include PRIDE, health melas, county shows and national disability awareness days. Face to face engagement with students and others at University Freshers Fayres has particularly helped with the recruitment of more

young people to our Patient and Public Panel as well as help inform the development of our online resource for young people, their parents and teachers: Ambulance Academy.

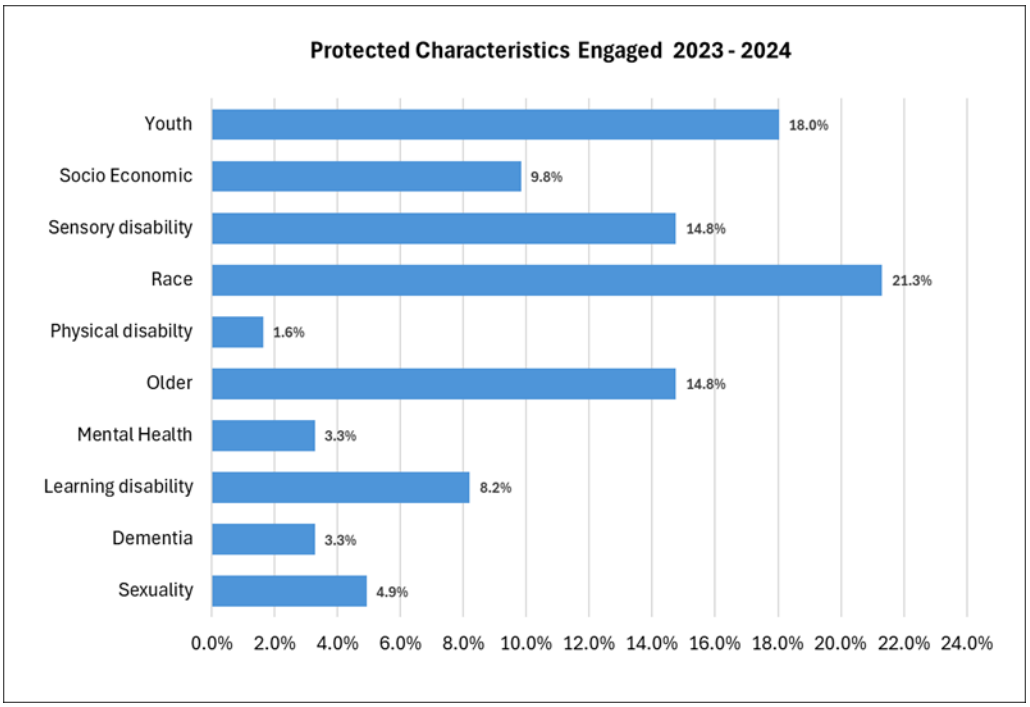
Additionally, Freshers Fayres are often attended by international students who may be unaware of how to access NHS services and provide us with a useful opportunity to increase their knowledge regarding their health as well as potential volunteering and career paths further down the line.

We will continue to build on our face-to-face attendance during 24/25 at Health Melas, PRIDE etc and are looking to expand our attendance and engagement with other mixed ethnic communities. This will involve some bespoke cultural events eg the growing ethnic communities of Cumbria.

Protected characteristics

The Equality Act 2010 introduced the term "protected characteristics" to refer to groups that are protected under the Act. These are cited as: age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, and pregnancy and maternity.

Protected characteristics of patient groups engaged during 23/24.



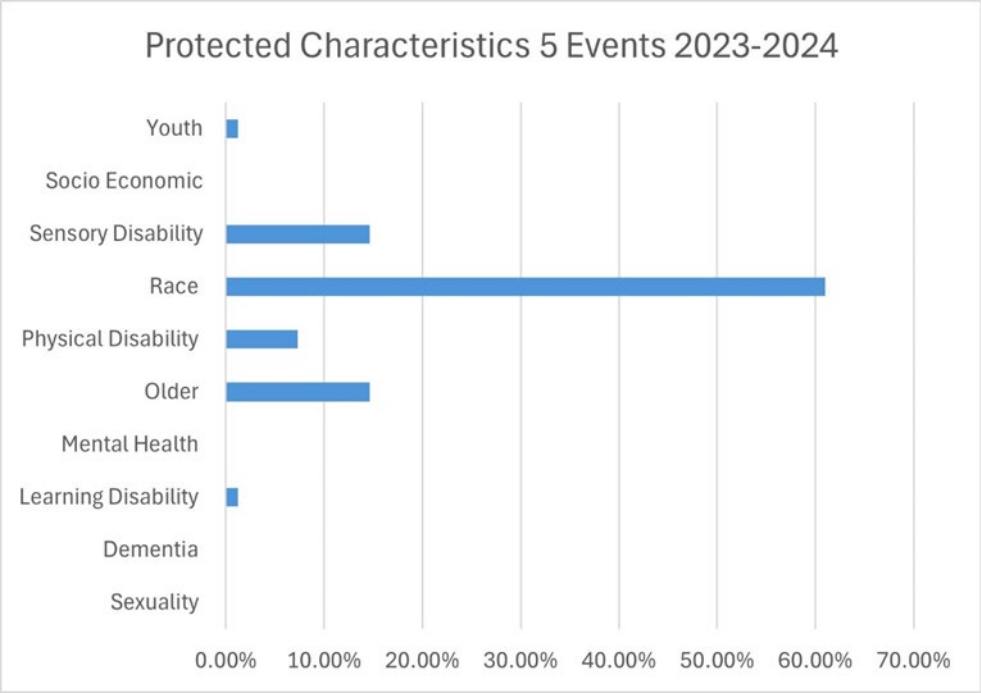
Community listening events

Over the last year, we have also delivered 5 county-based face to face community listening events of our own. We listen to, invite feedback, reassure, and answer questions or concerns raised by our Northwest communities on our Paramedic Emergency Services (PES), Patient Transport Services (PTS) and NHS 111 services. Attendees hear from service themed 'lightning speakers' before taking part in short interactive table exercises that help us identify what we are doing well as well as what needs to be improved. Our events have evolved based on feedback and now include sections on our volunteers, career information, more opportunities for questions and an invitation to provide one-to-one feedback.

Our table-based activities have supported winter demand management, for example the NHS 111 activity looks at the top reasons people call the service. One of the highest is about repeat prescriptions so the activity then moves on to how we can help people ensure they don't run out of key medication, particularly during public holidays. Helpful giveaways and leaflets also support this activity.

Event venues are selected based on their usage by local communities, often in areas of poor health equality and we have seen positive levels of attendance from groups that can be hard to engage with. A breakdown of the protected characteristics of attendees is shown below. A summary of feedback and what is to be changed as a result is produced and shared with attendees as well as community and specialist patient groups across our Northwest footprint. This approach will continue into 24/25 as we expand into new locations.

Breakdown of protected characteristics of attendees of 23/24 community events



Filmed patient and staff stories

Filmed patient and staff stories continue to be a powerful tool to describe patients' experiences and any learning outcomes that have been achieved. These are presented bi-monthly to the Board of Directors, Quality and Performance Committee, to staff as part of their mandatory training, and are part of education and awareness campaigns. In 23/24, six patient stories were produced highlighting issues of ethnic minority language translation support at patient side, impact of high demand, frequent caller due to a medical condition, learning disability access, use of defibrillation, and a patient with breathing difficulties waiting for an emergency ambulance.

Patients' lived experience is also being shared with the trust's Diversity and Inclusion Sub Committee via filmed stories.

Reporting

Board receives a monthly dashboard of FFT patient feedback results via the Integrated Performance Report. A quarterly update is also provided via the Communications and Engagement dashboard report. Quarterly data patient engagement initiatives, themes and feedback are also shared with Quality Committee and EDI progress to the Diversity and Inclusion Sub Committee.

During the last year we have continued to deliver quarterly service improvement dashboards via PTS level 2 and 111 task and finish groups and started work on the introduction of a new combined service patient feedback dashboard. This is a key area of trust activity that will be maintained throughout 24/25.

Feedback themes

Feedback over the year has consistently demonstrated a general high regard for the ambulance service and in particular the high percentage of patients feeling they were treated with dignity, compassion, and respect (94.7% of survey respondents).

Some of the themes and feedback highlighted during the year have included:

- The impact that mental health related calls have on the service, and how we deal with these calls and patients.
- Profiling job roles and volunteering within the ambulance service at our community events.
- Lack of awareness of the NHS 111 online service across the board, but especially within ethnic minority groups
- Uncertainty about the criteria to access the patient transport service.
- Accessing services for both ethnic minorities and deaf communities.
- Concerns and the need for reassurance that the service is still able to provide care on industrial action days by other parts of the NHS.
- PPP members hearing about their involvement's impact and having the opportunity to ask further questions of the teams they have worked with.
- Extra support that crews can offer for those with a learning disability, with a focus on autism.
- The usefulness of knowing the estimated time of arrival for an emergency ambulance when calling 999.
- The importance of reaching out to engage with different communities and increasing awareness of cultural differences and specialist health conditions.
- Negative PTS patient feedback in relation to the service provided by some of our third-party taxi companies.

Recommendations and improvements

Feedback themes gathered from all the approaches the trust uses to listen to, engage and seek patient experiences are used to inform recommendations for improvements. The team produces learning dashboards for PTS, PES and 111 service improvement ambassadors to share feedback and learning and ensure support for the co-design of service improvements within the trust.

Some of our recommendations and improvements include:

- Sharing more information on how we manage mental health calls via our community info burst newsletters. Involvement of our PPP in the development of the trust's mental health plan and creation of a series of short filmed lived experiences from patients with mental health conditions. The films were shared on our social media channels and used by NHS England as part of national mental health support month (January 2024).
- Feedback from our deaf communities has highlighted barriers to accessing our services are still evident even after the rollout of the BSL 999 EVRs in June 2022. As a result, we have piloted an 'Insight' language communication app for operational staff to download on their iPad's which has now been approved by our board and rolled out within the trust in October 2023. This has been communicated to all stakeholders and is also a focus for our face-to-face engagement for all our deaf communities.
- We provided reassurance to our patient, public and community groups during industrial actions days regarding resources, safety of our services, availability and our overall response via regular stakeholder updates, patient engagement events and information bursts. We also kept them informed on an area-based perspective of the availability of local services to support their self-care, with mental health as well as physical health and well-being respectively.
- To improve accessibility to services we have improved our internal processes to support the production of alternative formats and language requests. An accessibility guide and flow chart has been produced to help the team better support requests for alternative formats. This is regularly communicated to our communities in our publications and monthly info-bursts.
- The PPP weekly round-up and monthly info burst newsletters continue to provide topical health and service information and are provided in an accessible format.
- PPP members are provided with feedback on their involvement with the trust via the weekly newsletter. Involvement sessions are recorded and shared on the PPP website area for other members to watch and comment on. In addition, a new feedback/question session is now organised with service teams after the involvement has taken place.
- Our updated digital version pictorial communication handbook to aid communication between staff and patients has been designed and shared with the PPP for feedback. It is now in the final stages of development before being made available for staff to upload on to new iPads.
- From our 5 events, it is clear there is a lack of awareness of the NHS 111 service overall and the eligibility for use of the patient transport service. This will be a focus for engagement events in 24/25 and information will be included in monthly Info Bursts sent to our Northwest communities.
- Career information and opportunities to volunteer are included as part of our community events. A trust wide recruitment campaign launched in early 2024, which will extend to our volunteers later in the year. In addition, we regularly feature the work of our volunteers and how to get involved with the trust. Volunteering options are now included in all our patient surveys.

- Patients have highlighted a lack of knowledge regarding the criteria to access the patient transport service. This is a regular feature in our community events and other engagement sessions. The service has also been heavily promoted as part of our winter demand management campaign.
- Easy read formats of our service information are provided to community event attendees with learning difficulties and additional facilitators are on hand to assist.
- The trust's stakeholder publication, 'Your Call' features many different health conditions as well as staff and volunteers from different cultures to increase awareness and understanding. A regular programme of filmed staff and patient stories is produced and shared with the Board and used for learning within the trust.
- We have started to inform patients of the estimated time of arrival for an emergency ambulance.
- Negative taxi feedback was investigated further, and issues raised with individual taxi firms.

Management of Complaints 23/24

We are committed to providing high standards of care which is centred around our patients and service users. As part of this, we welcome all insights and feedback, including complaints, from our patients, patients' families and from service users. Complaints provide the trust with a valuable opportunity to review and reflect on our practices and, where necessary, identify and implement learning to continuously improve delivery of care and the experience which our patients, and their families, receive. Such learning can be at an individual and/or system wide level.

We are committed to ensuring that those who raise a complaint with NWAS, feel that they have been listened to, that we have responded to their concerns and shown empathy and compassion within our response. Doing so remains one of our core priorities.

Complaints are dealt with by the newly named Patient Advice and Liaison Service (PALS) and Resolution team in a way which aims to fairly and compassionately investigate complaints to achieve a fair resolution in line with relevant legislation and in conjunction with the Model Complaint Handling procedure, as outlined by the Parliamentary and Health Service Ombudsman (PHSO).

There is robust assurance around the monitoring and management of complaints. The Board of Directors receive information on complaints through a monthly integrated performance report. This is supported by assurance reports submitted to the Quality and Performance Committee quarterly, as well as the Reportable Events paper. Service Line Area Learning Forums monitor actions arising from complaints via associated action plans and the NHS 111 service complaints are reported through the NHS 111 governance reporting procedure.

Data from previous years has shown that approximately 80% of the complaints received into NWAS were suitable for management as low level complaints, which is consistent with other NHS trusts across the UK. Training and support have been provided by the PHSO on managing these types of complaints effectively and efficiently whilst ensuring the focus is on establishing trust and being empathic with patients and families.

Introduction and recruitment of the PALS function in August 2023 has allowed for effective management of these low level complaints with an emphasis on having everyday conversations with complainants.

Medium and high level complaints are managed by the Resolution unit by way of a full and comprehensive review of the episode of patient care involved, as well as a review of PSIRF priorities. Management of these complaints involves a collaborative approach with teams throughout the wider organisation to ensure the matter is addressed as fully as possible and with the Duty of Candor being enacted where appropriate.

Complaint Figures

In 23/24 NWAS received 2,250 complaints in total. 90% (2,033) of these complaints were managed as low complexity complaints and were able to incorporate the PHSO's guidance on early resolution and everyday conversations. This has enabled efficient management of cases and currently, 82% of low level complaints are being managed within the trust's target times.

The three most common themes of complaints received, across the range of low, medium, and high levels of complaints, related to:

1. Care and treatment
2. Delays
3. Call handling

Care and Treatment

930 complaints were received within this category in 23/24 and can be scrutinised further within their sub-categories.

Sub-type	Number
Professional Standards	648
Clinical Disposition: Advice Given by NWAS	135
Clinical Treatment: NWAS	62
Blanks	47
Clinical Disposition: Referral	20
Other	18

Of these complaints about care and treatment, **29** were managed as high level complaints, **97** were managed as medium level complaints and **804** were managed as low level complaints / concerns.

The complaints regarding care and treatment by service line and area, can be broken down as follows – **Calculations may vary from total number provided above, as a singular complaint, may involve multiple service lines.*

NWAS Service Line	Number of Complaints
Integrated Contact Centres	276
Paramedic Emergency Services (PES):	
Greater Manchester	192
Cumbria and Lancashire	151
Cheshire and Mersey	145
Total	488
Patient Transport Services (PTS)	284

Delays

824 complaints were received within this category in 23/24. Complaints regarding delay in care or service largely relate to the **PES** and the **PTS** services, or on some occasions, both.

NWAS Service Line	Number of Complaints
Paramedic Emergency Service (PES)	198
Patient Transport Services (PTS)	630

19 of these complaints were managed as high level complaints, **52** were managed as medium level complaints and **753** were managed as low level complaints / concerns.

Call Handling

380 complaints were received within this category in 23/24 and can be scrutinized further within their sub-categories.

Sub-type	Number
Professional Standards	141
Process Compliance: Advice Given by NWAS	81
Process Compliance: Call Referral	51
Call Handling Timeframes	30
Eligibility Criteria	28
blanks	21
Information Gathering (Caller)	19
Other	9

6 of these complaints were managed as high level complaints, **18** were managed as medium level complaints and **356** were managed as low level complaints / concerns.

The complaints regarding call handling, can be broken down by contact centre, as follows:

NWAS Service Line	Number of Complaints
NHS 111 service	191
Emergency Operations Centre	120
Patient Transport Services (PTS)	69

Complaint outcomes

We ensure that complaints are closed on our systems as 'upheld, 'not upheld' or 'partly upheld' having worked closely and in partnership with service lines to guide and assist with decisions on complaint outcomes and appropriate actions/learning.

In 23/24, we closed 2,323 complaints.

Outcome	Complaint level	Total
Upheld	High = 20	541 (23%)
	Medium = 30	
	Low = 491	
Not Upheld	High = 12	1,217 (52%)
	Medium = 100	
	Low = 1,105	
Partly Upheld	High = 9	565 (25%)
	Medium = 37	
	Low = 519	

PHSO

In 23/24, we received 12 notifications of NWAS complaint reviews being conducted by PHSO.

6 of these reviews progressed to a 'detailed investigation', of which 4 remain 'open'. Of the cases that PHSO concluded during 23/24, 1 was 'Partly Upheld' and 1 was 'Not Upheld'. The remaining 6 reviews were closed with no further action.

Freedom to Speak Up

We are committed to an open and honest culture, maintaining high standards of patient care, continuously striving to act honestly and with integrity in our approach to management systems, processes, responsibility as an employer, protecting the people who work within the organisation and communities that it serves from harm.

Freedom to Speak Up Activity 23/24

During 23/24, the Freedom to Speak Up team saw a 50% increase in cases on the previous reporting period with 150 concerns being raised. This represents the positive cultural shift that we are seeing across the trust with a higher proportion of staff willing to speak up about their experiences in the workplace, or to highlight to us any clinical concerns that they are seeing in practice. Common themes mirrored the previous reporting period with concerns revolving around human resource matters, an increase in the number of patient safety concerns and significant increase in concerns connected to racism and sexual safety, which reflects the picture nationally.

The freedom to speak up guardians continue to be supported by the Executive Medical Director and Non-Executive Directors as well as regular meetings with the CEO and Director of People. Work is now ongoing to further embed listening up and follow up principles across all service lines of the organisation to ensure that when our people speak up about things that concern them, the organisation is best placed to review, learn, and change as a result. We continue to operationalise the recommendations of the National Guardian's Office report into listening to workers, which will be a key focus of the coming year.

Public Health

The number of guidance documents, policy, and legislation for NHS organisations in relation to their role and duties to tackle health inequalities has increased in recent years. One of these documents is the NHS England's statement on information on health inequalities. In particular for ambulance trusts, the Association of Ambulance Chief Executives (AACE) published a national consensus statement on health inequalities (https://aace.org.uk/reducing-health-inequalities/). Our Medical Director and Public Health Registrars were involved in its production and launch event. The consensus outlines and provides guidance on the role ambulance trusts can play in helping people access the building blocks of good health.

AACE's consensus identified four key enablers to support the development of approaches to reduce health inequalities and provided a maturity assessment tool. Our maturity assessment indicates we are "Developing, building up good practice", which evidences NWAS work in previous years and our commitment to work as an effective system partner to improve population health across the North West. Our Public Health Strategy and work plan for the new financial year will consider the areas for development identified through this assessment. Below we provide a summary of progress and highlights in the current year against each of the four enablers:

1. **Building public health capacity & capability.**

NWAS has hosted Public Health Registrars since 2021, who have helped develop our initial Public Health Plan and projects; this year we welcomed our fifth registrar. In addition, to increase our capacity for strategic direction, we made a significant commitment and investment to appoint a substantive Public Health Manager, making us the second ambulance trust in England to have such a role.

We continued our work to develop social prescribing referrals. We mapped social prescribers across the region and agreed a new single referral pathway through the Carlisle Support Centre. This new pathway was piloted by Patient Emergency Service crews in Wigan, providing encouraging uptake and leading to its expansion to new local areas in Greater Manchester. We also introduced social prescribing to Patient Transport Services (PTS). Working with the Communications Team and featuring PTS staff and an NWAS patient, we produced two training videos, which form part of the PTS induction process.

2. **Data, insight, evidence, and evaluation.**

This was identified as an area requiring focused development. In addition to individual clinical or operational dashboards and reports (for instance: maternity, mental health, non-conveyances) we do not have a profile view of the populations we serve based on our own data (age, sex, ethnicity, and deprivation), and only a few reports where identified that provide this information to the Board. A second challenge in this area is collection of ethnicity data for the 999 calls and incidents. NWAS is working on technical solutions to complete this retrospectively, and we are championing a national solution to populate this data from the NHS Spine.

Public Health Registrar's specialist capacity have supported a number of epidemiological analyses in specific projects. This year, we are conducting an analysis of PTS services to explore any potential inequalities in access and service provision.

3. **Strategic leadership & accountability.**

Led by the Medical Director, who is the Executive Lead for Public Health and for Health Inequalities, and the Consultant Paramedic (Medical Directorate) the trust's Research Lead and Public Health Lead, during the year governance arrangements were strengthened by formalising the Public Health Delivery Group (PHDG) as a subgroup of the Clinical Senior Management Team. In addition, the Sustainability Strategy 2023-2026 four objectives; environmental sustainability, social value, population health, and financial sustainability, recognise NWAS' role not only as a provider of care services, but as an employer of local people and a partner to the rest of the health and care system, working hard to improve the health and wellbeing of the communities we serve.

4. System partnerships.

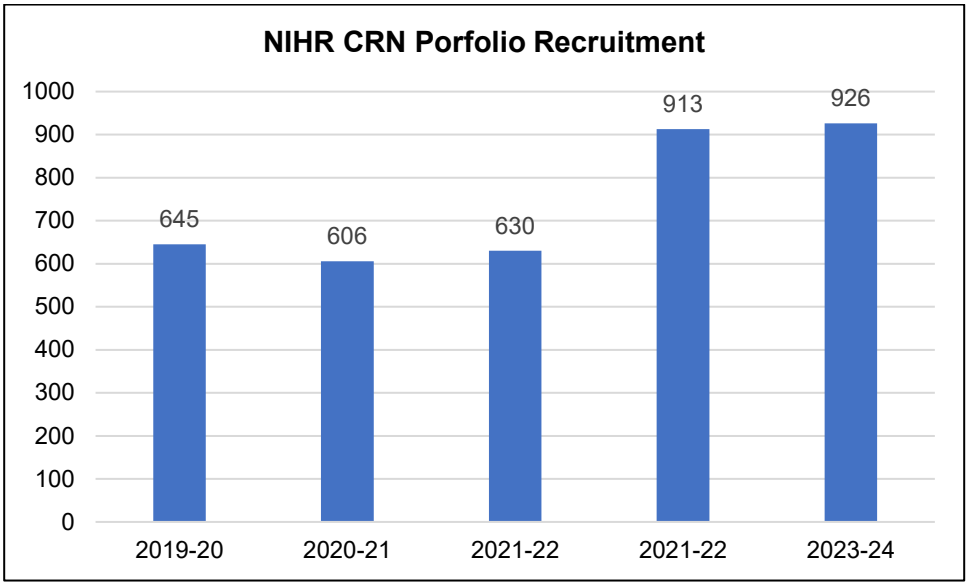
Thanks to the links developed by the Partnership Integration Managers (PIMs), NWAS is represented in relevant groups relating to health inequalities and anchor institutions' communities of practice. Another achievement for NWAS in this area, was securing financial support from the Local Authorities in the region to fund a post in the Mental Health team to support surveillance of non-fatal opioid overdoses and development of patient referral pathways to LAs support services.

The Public Health team is proactively seeking opportunities to address the clinical areas highlighted in NHS England's CORE20PLUS5 framework (https://aace.org.uk/reducing-health-inequalities/). This year we explored options for scaling up previous pilot work to support hypertension case finding, we engaged with North Cumbria place and completed data collection for a new pilot in Cheshire and Merseyside Integrated Care System. Internally, through our engagement with the Cheshire and Mersey Prevention Pledge we worked with Liverpool Heart and Chest Hospital and NWAS Health and Wellbeing team, to provide on-site mini health checks for staff at the Wellbeing Festival in Estuary Point. To strengthen our commitment to work towards the principles and priorities of anchor organisations, this year we signed up to the Cheshire and Merseyside Anchor Institute Framework.

Research and Development

Trusts that are research active have been shown to provide a better health care experience and deliver improved outcomes for patients and this is recognised by the Care Quality Commission (CQC). Health and social care providers are subject to inspection under the CQC's well-led framework and are assessed on how well clinical research is embedded into their organisation as a core activity. The trust strives to enhance the health and wellbeing of our communities by translating high quality research into exceptional service provision and outstanding clinical practice.

The trust continues to increase the number of opportunities for patients, staff, and the public to take part in the National Institute for Health and Care Research Clinical Research Network (NIHR CRN) Portfolio research studies our organisation delivers. During 2023-24, we provided 926 participants the opportunity to take part in high quality, national research, an increase of 44% since 19/20.



This enhanced performance as attracted additional funding from the NIHR which supports the continued growth of research activity at our organisation. We act flexibly and strategically to maintain research capacity and capability to ensure that we continue to strengthen the culture of evidence based practice and can continue to deliver safe, effective, and patient-centred care.

Task Force on Climate related financial disclosures

Governance Pillar

During the reporting period, the Board of Directors approved the Sustainability Strategy 2023-2026, which is one of four key underpinning strategies to achieve our vision and aims. The trust's Green Plan was developed in January 2022 and outlines how the trust plans to work towards Delivering a Net Zero NHS.

The Sustainability Report provides details of how the trust progressed actions against the Trust's Green Plan during 2023/24. To ensure actions continue to be delivered, the Green Plan is overseen by the Sustainability Steering Group which is a management group that meets quarterly. The Group is chaired by the Board level sustainability lead and provides assurance that the trust:

1. Complies with relevant legislation and guidance trust wide.
2. Protects human health and the environment in relation to safe/proper environmental management.
3. Takes an integrated approach to deliver services that efficiently use resources, finance, and infrastructure.
4. Works to minimise the impact on the environment and embed sustainability into services, in line with the trust vision.
5. Maximise the ability to improve health and wellbeing through the services provided.
6. Enhances and develops relationships with staff, patients and wider stakeholders and embed a sustainable culture across the organisation.

As part of their remit the Group continue to identify risks related to climate change through the risk assessment register in terms of the impact on health and wellbeing of the local population, operational delivery, and infrastructure of the trust.

The Board of Directors maintain oversight of climate related issues and the Trust's Green Plan through a bi-annual sustainability report presented to the Resources Committee and in turn, the Chair of the Resources Committee submits written assurance of progress to the Board of Directors.

Annual Sustainability Report

Introduction

Following the 'Delivering a Net Zero NHS' report, all trusts were asked to produce a strategy in the form of a Green Plan by January 2022 to outline how they plan to work towards Net Zero. As our Green Plan was in published 2019, we were not required to produce a new green plan, however, the guidance for producing a green plan included core chapters which are: workforce and system leadership, sustainable models of care, digital transformation, travel and transport, estates and facilities, medicines, supply chain and procurement, food and nutrition, and adaptation. We have mapped actions across to these areas with a view to include them formally in the 2025 updated version of the plan.

2023/24 has seen continued momentum for delivery of the Green Plan actions across NWAS, despite the ongoing pressures an ambulance trust faces. The Green Plan provides us with a framework to deliver sustainable emergency care and has complemented some of the innovations seen this year. Continued roll-out of initiatives such as electric vehicle charging infrastructure for workshop and rapid response vehicles and the degasification of the Estuary Point Control Centre illustrates seized opportunities to scale-up decarbonisation initiatives as well as build on those accelerated during the pandemic, such as remote working.

The following sections outline the progress the trust has already made in improving our carbon footprint and reducing the environmental impact of our services. It provides an overview of the NHS' modelling and analytics underpinning the carbon footprint, progress to net zero and the interventions made to achieve that ambition.

Energy & Water

Gas and electricity supplies have stabilised over the last 12 months as on a national level supply has diversified; more renewable energy capacity has been installed, and gas storage is now at a healthier level. This has also served to stabilise prices and costs in the last 12 months. Gas costs decreased by 9%, taking spending from £477,950 in 2022/23 to £434,922 for 23/24, and although electricity rose by 18.4%, taking spending from £1,580,925 last year to £1,872,518 for 2023/24, this can be attributed to phasing-out of gas at several larger sites as well as recharging a growing fleet of electric vehicles.

Water costs have increased by 7.2% due to supply point charge increases, taking spending from £294,500 in 2022/23 to £315,938 this year.

Aim

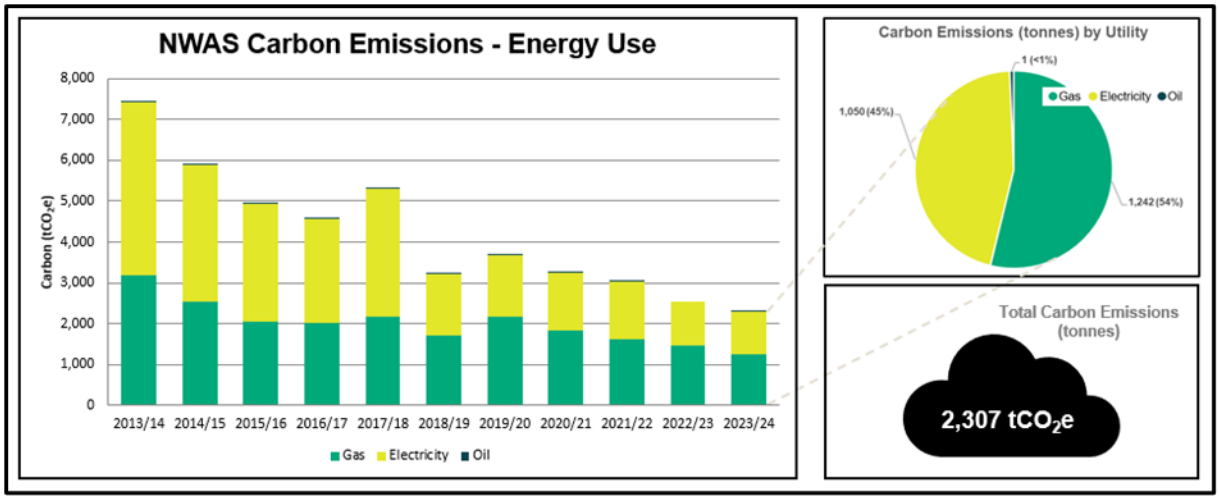
Reduce carbon emissions from energy use, in line with data informed budgets to be on track for net zero by 2040:

- Use less energy
- Replace fossil fuels with low and zero carbon energy sources
- Investigate options to offset, or inset our residual carbon emissions
- Minimise water use in our buildings and eliminate wasted water
- Increase water efficiency

Performance

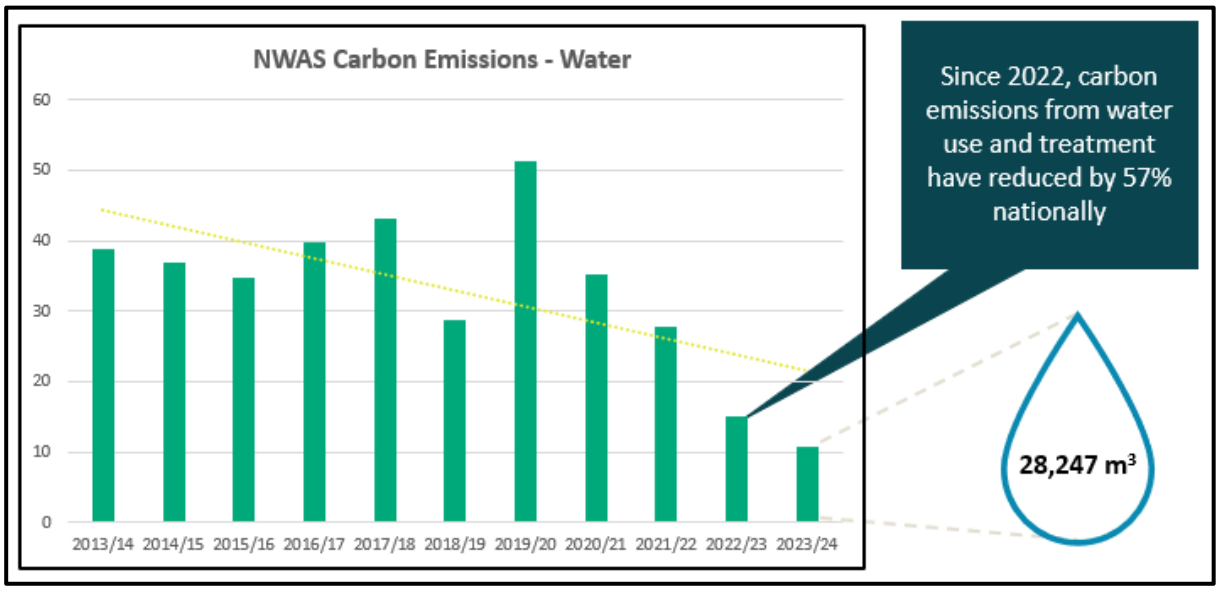
- Carbon emissions from building energy use decreased by 178 tonnes in 23/24, which is 5,050 tCO_2e below the baseline year of 2013.
- This 54% decrease is due to a reduction of fossil fuels, both directly (scope 1) and indirectly (scope 2 – decarbonisation of the grid).
- Overall gas use for space heating decreased due to milder outside air temperatures, improved use of building management systems and installation of air source heat pumps at several sites.
- Overall electricity demand decreased by 8%, due to staff homeworking and the continued roll-out of energy efficiency schemes, such as LED lighting across the estate.
- However, demand for electricity is likely to increase at most of our sites in the coming years, mostly attributable to further use of heat pump technology to degasify the estate but also as we increase the number of electric vehicles in the trust.

Utility	Carbon Emissions (tonnes)	Consumption (kWh)	Gross Cost (£)
Gas	1,242	6,801,853	434,922
Electricity	1,050	4,712,570	1,872,518
Oil	15	2,800	1,359
Total	**2,307**	**11,517,233**	**2,308,799**



We continue to move in the right direction in line with the annual reduction pathway towards net zero by 2040.

Utility	Consumption (m^3)	Gross Cost (£)
Water	28,247	315,938



- Carbon emissions from water use and treatment have reduced by 21% in 2023/24 compared to the previous year. This reduction is entirely due to revised carbon conversion factors since 2022 (published nationally) and applied to actual consumption data for our sites.
- Although mains water consumption can vary year-on-year, the general trend is heading in the right direction. In 2013, the trust consumed 42,677m^3 of water, whereas for 2023/24 total consumption was 28,247m^3.

We are going into 24/25 more informed than ever before, following several completed feasibility studies and ongoing works. These include:

- Deep dive energy surveying by the sustainability team at 10 of our sites, identifying projects which could bring about carbon savings of over 400 tonnes per annum.
- Feasibility studies around fuel cell CHP and its wider use.
- Building fabric assessments using our in-house developed heat loss calculator.
- New electricity connection upgrades for 4 of our sites to enable electrification of the buildings (and vehicles).
- Finalising works to enable Glossop ambulance station to become the first net-zero ambulance station within the trust.
- Finalising a net-zero new build and retrofit guide for our ambulance stations (available by the end of quarter 2 24/25).

Work with other blue light services, city and regional partners has increased, particularly around progressing a feasibility study for a heat network at co-located sites in Greater Manchester (this work also extends to EV

charging mentioned in later sections). This has culminated in a more strategic estates decarbonisation group which will play a key role in steering the transformational change required to deliver these ambitious carbon reduction objectives.

Given the energy market, we are in a reasonable position with prices protected for the forthcoming financial year to remain on a 100% renewable energy tariff. This was only achieved through a combination of reducing payment terms, further digitising billing, and eliminating unnecessary standing charges.

Plans for Next Year

- Prioritise decarbonisation projects based on the learning from the feasibility studies outlined above
- Agree an LED rollout programme which builds on existing works to achieve 95% or more coverage by end of 2026
- Improve energy optimisation through Building Management System (BMS) projects and management practices
- Prepare and submit for Public Sector Decarbonisation Scheme (PSDS) grant scheme
- Develop and feed in decarbonisation investment opportunities for the estates' capital programme
- Further infrastructure and decarbonisation feasibility studies including connection upgrades, solar PV feasibility assessments and alternative heat technologies for example
- Investigate the potential for innovative zero-carbon procurement options such as power purchase agreements (PPAs)
- Explore options for modular buildings to use to assist in the estate reaching net-zero.
- Improve engagement on decarbonising the estate both within the Estates Directorate and trust wide

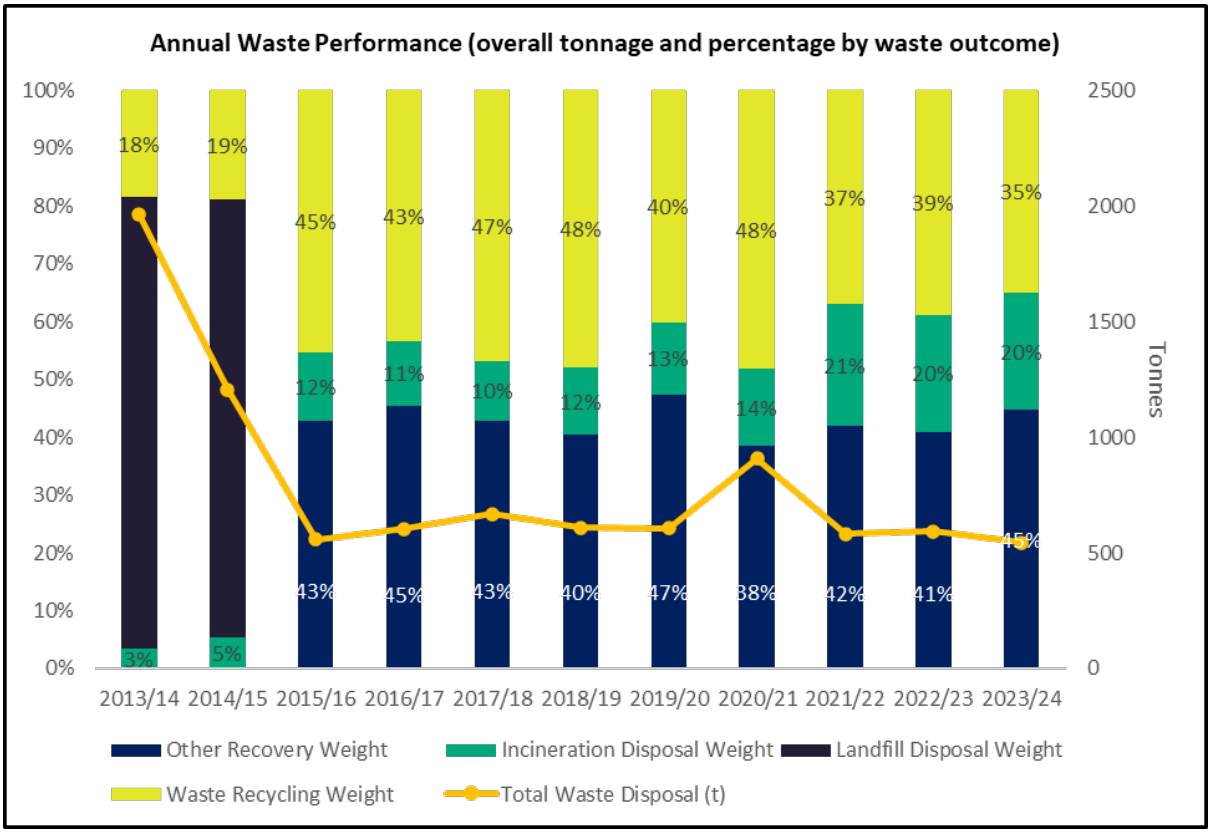
Despite the demands from our buildings and estate, the plan for the forthcoming year is to drive energy reductions and use resources as efficiently as possible.

Waste

Aim

Generate less waste; reuse and recycle more, and ensure unavoidable waste is disposed of in the most sustainable way:

- Reduce the amount of waste we create by working and purchasing in more resource-efficient ways
- Increase the number of items we reuse with a focus on reducing single-use plastics
- Repair or reuse more items that can be repaired or reused
- Increase the amount of waste that we reuse or recycle to 50% of consignment waste by volume, which NWAS were on the way to achieving pre-pandemic
- Maintain zero waste to landfill



Performance

Clinical Waste:

As the trust continued to respond to the pandemic, clinical waste volumes increased in line with the demands involved with higher patient activity. Since then, the trust has actively been winding-back additional collections and actively reclassifying clinical wastes to reduce tonnages to pre-covid levels. Further work is planned for 24/25 which will see large portions of waste destined for high temperature incineration, disposed of through alternative treatment, meaning the carbon footprint (and associated costs) will be reduced as we strive towards NHS England's 20:20:60 split for clinical waste target. NHS England encourages a split of 60% offensive waste, 20% waste sent for high temperature incineration (HTI), and 20% of waste sent for alternative treatment (AT), which if successful would reduce NWAS high temperature incinerated waste to <10% of current tonnage.

General and Workshop Waste:

General waste volumes have remained consistent for the last few years (except for 2020/21) and as a result there have been no significant changes in waste composition or total waste volumes. NWAS continues to ensure that all recyclable material, such as paper, cardboard, plastics, metals, and glass are segregated at the point of generation, and that all provisions are in place for hazardous wastes such as used engine oils, other engine fluids and batteries for safe disposal.

Plans for the Next Year

- Examine the disposal routes for all materials across the trust and look to move waste up the waste hierarchy
- Work with colleagues in Procurement and NHS Supply Chain for a deeper investigation into data related to key product categories of single use plastic – aimed at reducing consumption
- Collaborating with ICB to look at waste management and proposals for a regional approach to reuse and recycling
- Staff training and understanding will be improved by embedding the healthcare waste management guide into local inductions and developing additional waste training (such as toolbox talks, IPC linked training and guidance documents)
- To develop a metric for measuring and reporting in reuse

Fleet, Travel & Logistics

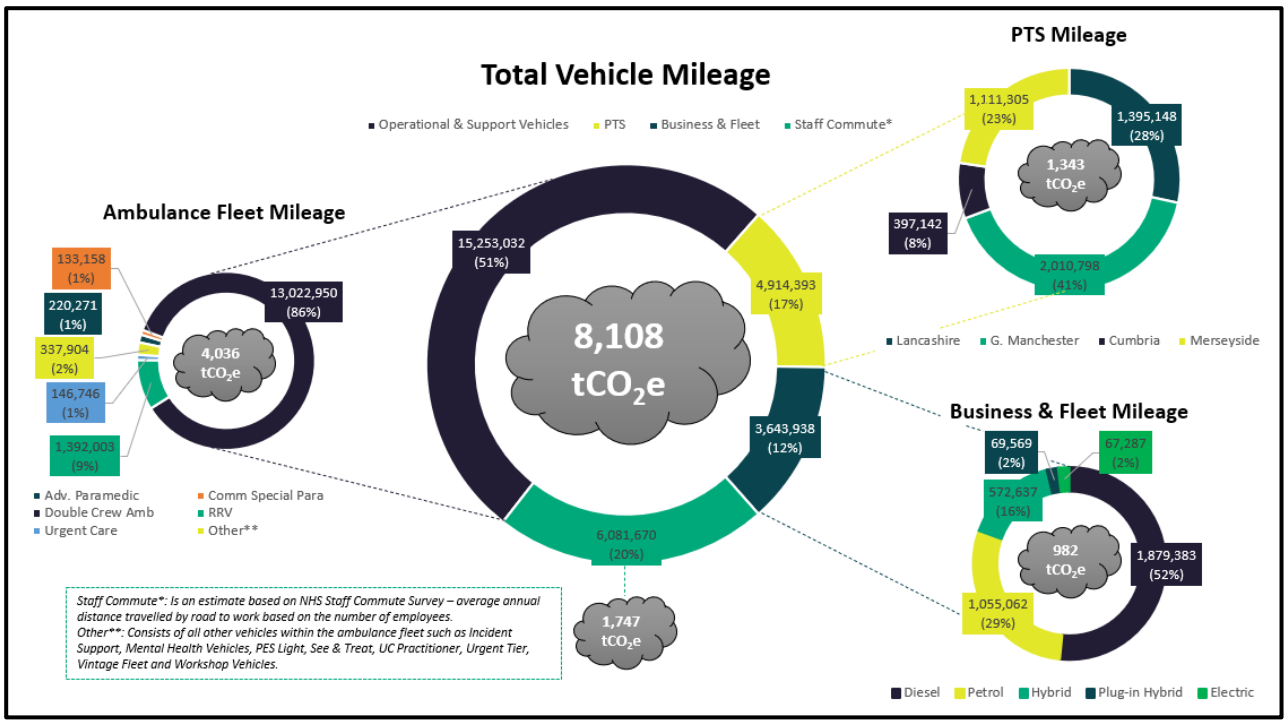
We produce significant carbon emissions from fleet, staff travel, and the logistics associated with our activities and service provision. To deliver high quality care, the trust makes use of a large and varied fleet of vehicles and the analysis accounts for all vehicles used for NHS duties that are directly owned and leased by the trust with emissions totalling approximately 8,101 tCO_2e for 23/24.

We aim to ensure all vehicles purchased or leased are low and ultra-low emission (ULEV), in line with existing NHS operating planning and contracting guidance and meet the NHS Long Term Plan commitment for 90% of the NHS fleet to use low, ultra-low and zero-emission vehicles by 2028. However, the automotive industry has been severely hampered by a shortage of semiconductor chips in recent years, with impacts further exacerbated since the pandemic relating to demand. Ambulances pose a specific challenge and require targeted interventions but for the rest of the fleet, we continue to explore options for a complete transition to zero-emission vehicles by 2032.

Aim

To embed active, clean and low carbon travel to improve air quality and reduce carbon emissions from journeys:

- Reduce air pollution and carbon emissions from our owned and commissioned transport operations
- Use our influence to help fast-track the decarbonisation of transport in our supply chain
- Increase the proportion of people commuting to our sites using active and sustainable travel methods

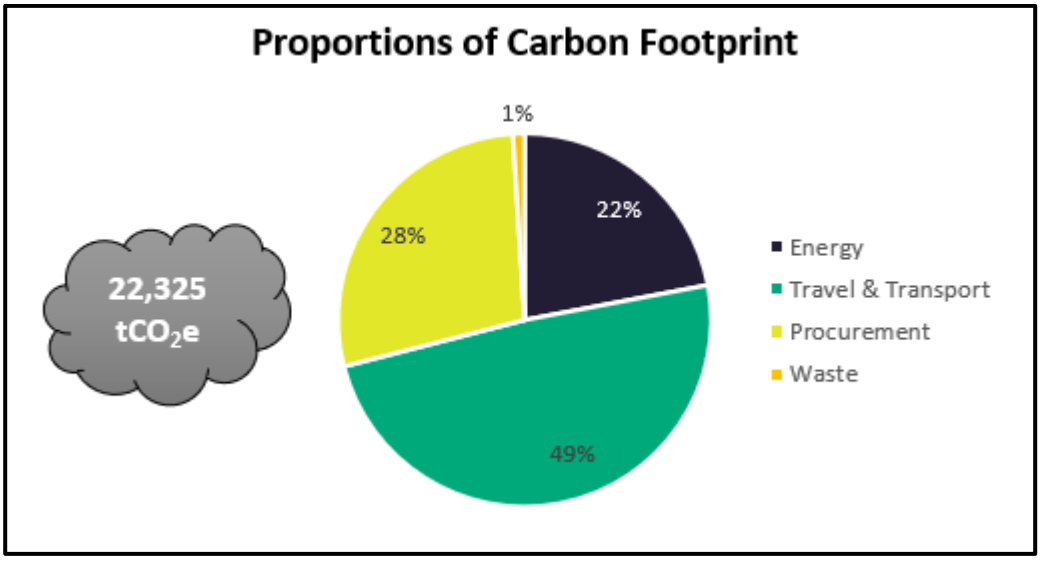


Performance

- This year we have seen a 10.2% increase in vehicle miles, and subsequent increase in emssions of 482 tonnes stemming from increased mileage from PES and PTS vehicles
- Despite the increase in vehicle miles, there has been a 13.1% reduction in emissions compared to the baseline year of 2013. A significant proprotion of this decrease is linked to a reduction in business travel since the pandemic, efficiency improvements in diesel vehicles and the aforementioned roll out of electic service vehicles
- There has also been a significant increase in the number of staff using electric vehicles and hybrids due to emission limitations impose for business fleet vehicles
- There has been active links with transport authorities to enable more incentivised travel for staff in more urbanised areas. This also links to the planned review of all trust sites to ensure they are accessible by public transport and that active travel facilities are provided on all trust sites, such as secure cycle parking, showers and lockers
- The trust Car Lease Policy has also undergone review to promote the use of low carbon and zero emission vehicles to essential users within the trust

Carbon Footprint

The information provided in the previous versions of this annual report uses the ERIC returns as its data source. However, we are aware that this does not reflect our entire carbon footprint. Therefore, the following information estimates the impact of our supply chain from our spend.



Resulting in an estimated total carbon footprint of 22,325 tonnes of carbon dioxide equivalent emissions (tCO_2e). Our carbon intensity per pound is 90 grams of carbon dioxide equivalent emissions per pound of operating expenditure ($gCO_2e/£$).

The Accountability Report

Our Accountability Report has been prepared to meet key accountability requirements to parliament and is based on matters required to be dealt with in a Directors' Report, as set out in Chapter 5 of Part 15 of the Companies Act 2006 and Schedule 7 of SI 2008 No 410, The Large and Medium-sized Companies and Groups (Accounts and Reports) Regulations 2008, and in a Remuneration Report, as set out in Chapter 6 of the Companies Act 2006 and Schedule 8 of SI 2013 No 1981, The Large and Medium-sized Companies and Groups (Accounts and Reports) (Amendment) Regulations 2013.

Daren Mochrie QAM, MBA, Hon DHC, Dip IMC RCSEd, MCPara **Date: 19 June 2024**
Chief Executive

Corporate Governance Report

Directors' Report

Board Membership

In accordance with the Membership and Procedure Regulations 1990 (as amended) Trust's Standing Orders, the Board of Directors comprised of a Non-Executive Chair, five non-executive directors and five executive directors. The Board of Directors is a unitary Board and has a wide range of skills and experience. Non-Executives have wide-ranging expertise and experience including backgrounds in finance, internal audit, primary care, education, health and social care and HR.

Non-Executive Directors

Peter White, Chair

Peter joined the trust as a Non-Executive Director in 2014 and acted as Vice Chair, with specific responsibility for performance and quality as well as leading on behalf of the board on EPRR (Emergency Preparedness, Resilience and Response). Peter also served as a Non-Executive Director in a national housing association and chaired their neighbourhood services committee. He is also Deputy Chair of a community interest company who deliver adult social care in Oldham. Peter has used his experience to support the organisation in developing its governance and performance management processes. Prior to these roles, Peter enjoyed a varied career policing all areas of Lancashire from 1983 until his retirement in 2013.

Peter has been a public servant for almost 40 years and has a strong service ethos, whether as a senior police officer or a Non-Executive Director he is motivated by supporting organisations to provide the best possible services to the public.

Catherine Butterworth, Non-Executive Director

Cathy was appointed Non-Executive Director on 1st April 2022 and is the trust's Wellbeing Guardian. She also holds a Non-Executive Director position for 3 Health and Social Care companies in Oldham and is currently operating as their interim Deputy Chair. Cathy has held numerous HR roles for both Greater Manchester Police and the British Transport Police and was Assistant Director of People for Oldham Council from 2012-2018. A HR Consultant for various NHS organisations, Cathy has delivered workforce strategy and planning aspects of HR and has contributed to transformational change across organisations and their partners including the integration of health and social care at regional and borough levels.

Alison Chambers, Non-Executive Director

Alison was appointed Non-Executive Director on 1 August 2019 and is the Senior Independent Director and Vice Chair. She also holds the position of Non-Executive Director and Senior Independent Director at Pennine Care NHS Foundation Trust. Alison is also a trustee with Penske dedication trust with lead responsibilities for special education needs. She has a significant and successful track record of strategic partnership development, large scale organisational change management, strategy development, implementation, and delivery. Alison qualified as a chartered physiotherapist in 1985 and worked in clinical practice for 10 years before moving into higher education. Her academic roles include Pro Vice Chancellor at Manchester Metropolitan University and Professor of Healthcare Education.

Aneez Esmail, Non-Executive Director

Aneez joined the trust on 1 April 2021 as Non-Executive Director and is currently Chair of the Quality and Performance Committee. Esmail is Emeritus Professor of General Practice at the University of Manchester. He has experience as a researcher, teacher, and clinician. His research interests are focused on patient safety, burnout in healthcare professionals, inequalities in health, the organisation and delivery of health services and public health. He has published over 100 academic papers in these areas. He worked as the Medical Advisor to the Appeal Court judge who chaired the Shipman Inquiry between 2001-2005 and played a key role in developing the recommendations that resulted in significant changes on the reform of the General Medical Council, death certification and investigation, controlled drugs regulation and the regulation and revalidation of doctors.

He was commended by the Health Service Journal, as one of the top 100 Clinical Leaders in the NHS in 2014 and received the Lifetime Award for Achievement in General Practice in 2017 from the publishers of Pulse Magazine. He also received a Medal of Honour from the University of Manchester in 2023 for his contributions to public health, his challenges to racism in the medical profession and his significant contributions to the senior leadership of the University.

David Hanley, Non-Executive Director

David was appointed Non-Executive Director on 28 May 2019 and is Chair of the Resources Committee. He has worked at a senior level in health and social care for 30 years. During this time, he oversaw significant service development and change, as well as managing large staff groups, annual budgets in excess of £50 million, and challenging service environments. Leading on partnership working, particularly with health services. David studied for a PhD in his spare time and left his management role to pursue an academic career, firstly at Bolton University, and then at UCLan however retired from the University in 2023.

David Rawsthorn, Non-Executive Director, Term ended 24th March 2024

David joined NWAS in 2019 as Chair of the Audit Committee, with considerable experience of audit and audit committees across the NHS and public sectors. David held the position of Director of Finance within local government for over 20 years and was a member of two professional accountancy bodies for over 30 years.

David Whatley, Non-Executive Director – 25th March 2024

David joined as Associate Non-Executive Director (Audit Chair Designate) on 1 April 2023 and was appointed Non-Executive Director and Audit Chair on 25 March 2024. His accountancy career began as an Auditor at Pendle Borough Council and has held senior roles in GIAA, including Group Chief Internal Auditor for a range of departments and Head of Internal Audit for several arm's length bodies. GIAA was set up as an Executive Agency of HM Treasury in 2015 to improve the quality of internal audit provided to central Government, delivering internal audit services to a number of departments and associated bodies.

David is a member of the Chartered Institute of Public Finance and Accountancy and achieved the Diploma Management Studies and is accredited as a Local Counter Fraud Specialist (LCFS). Previous roles have included being Head of Audit at the Health and Safety Executive (HSE) and a Director at RSM Bentley Jennison.

Executive Directors

Daren Mochrie, Chief Executive

Daren joined NWAS as Chief Executive in April 2019 and is also Chair of the Association of Ambulance Chief Executives; a membership body for all UK Ambulance Services and Crown Overseas Territories. He has over 35 years' experience in the NHS, with 32 years in the Ambulance Sector and is a registered Paramedic. Daren holds a Master's degree in Business Administration from Napier University, a Diploma in Immediate Medical Care from the Royal College of Surgeons, and an Honorary Doctorate in Health Care.

Daren has been an inspection Chair and Specialist Advisor with the Care Quality Commission, and Trustee of a Charity Air Ambulance and has worked in a number of UK Ambulance Services at Executive Director/ CEO level. He has led transformational change in several Ambulance Services and improved their CQC ratings and continues to champion nationally the voice of the Ambulance Sector. Over the past three years as AACE Chair he has led the sector through the COVID 19 pandemic, the most challenging winter in the NHS in 2022 and recent industrial action. In 2013 he was awarded the Queens Ambulance Medal for distinguished service.

Ged Blezard, Executive Director of Operations - (Retired 30th September 2023)

Ged was the Executive Director of Operations at North West Ambulance Service with over 37 years ambulance sector experience. He was responsible and accountable for the delivery of all operational resources working across the region for the Paramedic Emergency Service, Patient Transport Service, NHS111, contact centres and the trust's resilience team. As part of his role, he was the trust's Accountable Emergency Officer which required him to ensure that the trust is suitably prepared, equipped and trained to meet its obligations under the Civil Contingencies Act 2004. He has completed a master's degree in management at Manchester Metropolitan University.

Salman Desai, Deputy Chief Executive/Chief Operating Officer (from 1st October 2023)

Salman is Deputy Chief Executive/Chief Operating Officer at North West Ambulance Service (NWAS). Salman has over 25 years of service in the ambulance service, initially training as a paramedic, a registration he still holds today before moving into other roles. He has worked across various sectors covering the ambulance service, acute sector, and local authority where his work focused on preventing death from drug use among marginalised communities in Greater Manchester. More recently, he has been leading on the strategic planning, transformation of the trust resilience following the pandemic and developing a small partnership and integration team that will help with influencing and working more effectively across the multiple systems and places we serve. He joined the Board of Directors in 2016 as Director of Strategy and Planning. In 2022, he was appointed Deputy Chief Executive and most recently took on the interim role of Chief Operating Officer upon the retirement of the Director of Operations.

Dr Chris Grant, Executive Medical Director

Chris is the Executive Medical Director at North West Ambulance Service NHS Trust. He has Board responsibility for all the clinical elements of NWAS services and provides professional leadership for the healthcare professionals in the service. He acts as the Caldicott Guardian, Controlled Drugs Accountable Officer, Research and Development Lead, Public Health and Health Inequalities Lead and is also responsible for the Air Ambulance. He completed his undergraduate training at Kings College London before continuing his post graduate training in hospitals across the North West and subsequently in both Australian and the United States.

Maxine Power, Executive Director of Quality, Innovation, and Improvement

Maxine is an NHS Executive and improvement leader with over 30 years' experience leading improvement. Initially trained as clinician Maxine has had an eclectic career working across clinical practice and academia in a variety of settings. Maxine has over 20 peer reviewed publications in Improvement focussing on large scale change, measurement, evaluation, and patient safety. Maxine is the Executive Director of Quality, Innovation, and Improvement at the North West Ambulance service, with responsibility for patient safety, innovation, improvement, and digital systems. Her work involves leadership across four Integrated Care boards in the North West and she presents nationally and internationally on systems leadership for quality, safety, improvement and digital.

Lisa Ward, Director of People

Lisa has held the role of Director of People since July 2018, initially in an interim position until taking up the role permanently in 2020. Prior to this Lisa had extensive experience in senior Human Resources leadership roles in NWAS and its predecessor organisation Greater Manchester Ambulance Service. Prior to joining the ambulance service, Lisa spent 10 years in Human Resources Management roles in the Midlands and North West working for the rail industry, having joined as a graduate management trainee following graduation with a degree in history from the University of East Anglia.

Lisa is a Chartered Member of the Chartered Institute of Personnel and Development (CIPD) and has undertaken a range of continuing professional development, including management, coaching and psychometric testing qualifications during her career.

Angela Wetton, Director of Corporate Affairs

Angela joined the trust as Director of Corporate Affairs, a non-voting Board role, in September 2016. She has over 15 years Board and sub-Board level experience in corporate affairs, governance, and risk across public and private sectors. She graduated from the Nye Bevan Leading Healthcare Programme in April 2016 with an Executive Leadership in Healthcare award and prior to NWAS, had worked at Warrington & Halton Hospitals NHS FT, Calderstones Partnership FT, Lancashire Care FT, and Wirral University Teaching Hospitals FT.

Carolyn Wood, Executive Director of Finance

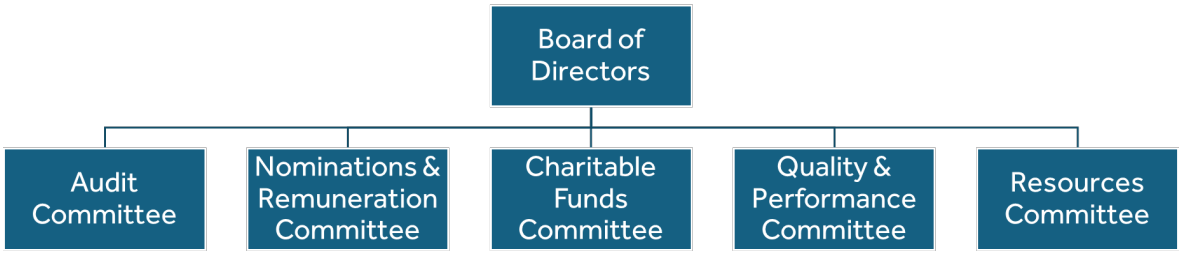
Carolyn is a Chartered Public Finance Accountant and joined the trust as the Executive Director of Finance in April 2019, having previously held the post of Director of Finance at Oldham Care Organisation, part of the Northern Care Alliance. She brings with her nearly 30 years of experience in NHS finance, having worked for a range of NHS organisations across the North West including Salford Royal, Royal Bolton Hospital, Cumbria PCT, North West Strategic Health Authority, NHS England (Lancashire), and Wrightington, Wigan and Leigh NHS Foundation Trust.

Attendance of Board of Directors Meetings and Committees during 23/24:

Board Member	Term of Appointment	Board of Directors	Audit Committee	Nominations & Remuneration Committee	Charitable Funds Committee	Quality & Performance Committee	Resources Committee
		Attendance (actual/max)					
		Non-Executive Directors					
Peter White (Chair)	1/2/19 – 1/2/23 1/2/23 – 31/1/25	8/8		6/6			
David Rawsthorn	25/3/19 – 24/03/21 25/3/21 – 24/03/23 25/3/23 – 24/3/24	7/7	6/6	6/6	4/4		6/6
David Hanley	28/5/19 – 27/5/21 28/5/21 – 27/5/23 28/5/23 – 27/5/25	8/8	6/6	6/6	3/4	8/8	6/6
Alison Chambers	1/8/19 – 31/7/21 1/8/21 – 31/7/23 1/8/23 – 1/8/25	7/8	6/6	4/6		6/8	
Aneez Esmail	1/4/2021 – 31/3/23 1/4/23 – 31/3/26	7/8	6/6	5/6		8/8	
Catherine Butterworth	1/4/22 – 31/3/24 1/4/24 – 31/3/26	7/8	6/6	5/6	5/6		5/6
David Whatley	1/4/23 – 31/3/25 24/3/24 – 24/3/26 (NED Appointment)	8/8	6/6	6/6	4/4		6/6
		Executive Directors					
Daren Mochrie		8/8					
Ged Blezard	Retired 30th September 2023	4/5			2/2	1/3	1/3
Chris Grant		7/8				7/8	
Salman Desai		8/8			3/4	6/6	6/6
Angela Wetton		8/8			4/4	8/8	
Maxine Power		8/8				8/8	
Lisa Ward		5/8			3/4		6/6
Carolyn Wood		8/8			2/4		4/6

Committees

A number of assurance committees reported to the Board of Directors during 1 April 2023 and 31 March 2024, these committees were as follows:



Each committee has formal terms of reference which are approved by the Board of Directors and sets out the powers and functions of the committees. These terms of reference are subject to annual review by the relevant committee with outcomes subsequently reported to the board of directors for approval. This annual review process incorporates a review of committee effectiveness against five themes and identifies areas of development to further strengthen their remit. The five themes Committees are assessed against are:

- Committee focus
- Committee engagement
- Teamworking
- Effectiveness
- Leadership

Following the annual review, the Committee Chairs for the Quality and Performance Committee and Resources Committee submit an annual report to the Board of Directors providing information on how the Committee met its key functions during the year and key areas of focus for the following year. The terms of reference for all Committees are reviewed on an annual basis and approved by the Board of Directors.

Audit Committee

The Terms of Reference for the Audit Committee are based on the model terms of reference incorporated in the HFMA Audit Committee Handbook. The Committee self-assessment against the checklists provided within the HFMA Audit Committee Handbook will be undertaken during Q1 24/25. Members of the Audit Committee held private meetings with internal and external auditors during the year.

Members of the Audit Committee during 23/24 were David Rawsthorn (Chair), Alison Chambers, Aneez Esmail, and Catherine Butterworth. The Chair of the Committee had the relevant financial

experience. The newly appointed Chair of the Audit Committee, David Whatley presented the Annual Report of the Audit Committee to the Board of Directors on 24th April 2024 which provided a summary of the activities undertaken by the Committee and how the Terms of Reference and key priorities were met during 23/24. The Audit Committee Terms of Reference for 24/25 were updated in accordance with the newly updated HFMA Audit Committee Handbook and approved by the Board of Directors on 24th April 2024.

In April 2024, the Audit Committee received an update relating to the trust's compliance against the NHS Provider Code of Governance during 2023/24. The NHS Code is based on the UK Code of Governance to reflect latest and best practice application of good corporate governance and provides a tried and tested framework for the leadership and direction of board led organisations in the UK. A summary of the trust's corporate governance arrangements against the NHS Code was provided to the committee for assurance and the trust was able to declare compliance with all relevant provisions.

A key aspect of the Audit Committee is to consider significant issues in relation to financial statements. As part of the preparation for the audit of financial statements, Mazars undertook a risk assessment and identified the significant risks as management override of controls, risk of fraud in revenue recognition, risk of fraud in expenditure recognition – all of which are required under the auditing standards. In addition, significant risks related to valuation of property, plant and equipment and implementation of IFRS 16 were considered, the Audit Committee did not raise any specific issues in relation to these areas.

External Auditors

Following a procurement exercise and recommendation from the Audit Panel, the Board of Directors approved the contract award to Mazars LLP from 1 April 2020 to 31 March 2024.

A further procurement process was undertaken in January 2024. Following recommendation from the Audit Panel, the Board of Directors approved a further contract from 1 April 2024 for a period of two years with the option to extend for 2 further 12 month periods.

The audit fee for the 23/24 financial statements is £72,750. Mazars LLP have not provided the trust with any non-audit services during the reporting period.

The outcome of a formal assessment into the effectiveness of external audit was received by the Audit Committee in January 2023 and indicated a high level of satisfaction in the work undertaken by the external auditors. Formal assessments have been scheduled to be undertaken every three years.

Internal Audit

Internal audit and anti-fraud services are provided by Mersey Internal Audit Agency (MIAA).

Independence of Directors

All directors have a responsibility to declare relevant interests as defined within the Board Standing Orders and Standards of Business Conduct. The trust maintains a Register of Interest for the Board of Directors and is subject to bi-monthly review by the board. Where details of company directorships have been declared and where those companies are likely to do business or are seeking to do business with the NHS, Board members declare their interest and withdraw from any decision-making process. During 2023/24, there were no identified breaches in respect of any declarations made by the Board of Directors.

All Non-Executive Directors are considered to the independent and provide independent scrutiny and challenge to the Board.

The Board of Directors Register of Interest is available to view here.

Statement of Disclosure to Auditors and Directors' Responsibilities

It is the responsibility of directors to prepare the annual report and accounts. They consider the annual report and accounts, taken as a whole, is fair, balanced, and understandable, and provides the information necessary for stakeholders to assess the trust's performance, business model and strategy.

As far as the executive directors are aware, there is no information relevant to the auditors for the purposes of their audit report. The executive directors have taken all of the steps they ought to have taken to ensure they are aware of any relevant audit information and to establish that the auditors are aware of that information.

Fit and Proper Persons Requirements: Directors and Non-Executive Directors

In line with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, the trust is required to ensure that all individuals appointed to or holding the role of executive director (or equivalent) or non-executive director meet the requirements of the Fit and Proper Persons Test (Regulation 5) and the additional checks set out in the Fit and Proper Persons Test framework.

In May 2024, the Board of Directors received the Chair's Annual Declaration confirming that all existing executive and non-executive directors met the requirements of Fit and Proper Persons Test which was informed by the application of the Board approved Procedure on Fit and Proper Persons Requirements including:

- Pre-employment checks for all new appointments undertaken in line with the NHS Employment Standards and are subject to a full FPPT that includes:
  - Standard employment checks as per the trust's Recruitment and Selection Procedure
  - References, using the board member reference template that cover a six-year continuous employment history
  - A DBS check appropriate the role
  - Search of insolvency and bankruptcy register,
  - Search of Companies House register to ensure that no board member is disqualified as a Director
  - Search of the Charity Commission's Register of Removed Trustees
  - Social media check
  - Satisfactory completion of the self-declaration.
- Confirmation from the Chair of appointment panels of compliance with the checks process
- All new appointments for Non-Executive Director positions are undertaken in conjunction with NHSE. The pre-employment checks undertaken by NHSE are shared with the trust so there is a retained record in the trust of the individual's fitness to undertake their role as Non-Executive Director.
- A review of checks by NHSE in circumstances of the reappointment of Non-Executive Directors to ensure that they remain 'fit and proper'.
- Assessment of the Ongoing Independence of Non-Executive Directors carried out by the Director of Corporate Affairs.
- Annual and on-going Declarations of Interest for all Board members.
- Annual Fit & Proper Persons Test assurance completed by all Executive and Non-Executive Directors, and this includes:
  - Annual self-attestation
  - DBS check every three years
  - Social Media check
  - Professional registration check
  - Insolvency check
  - Disqualified Directors Register check

  - Disqualification from being a charity trustee check
  - Employment Tribunal Judgement check
- Annual audit of the personal files has been undertaken to ensure that the files remain up to date and in line with the regulations.
- The trust completed the MIAA Fit and Proper Persons considerations checklist in October 2023 to provide an additional layer of assurance of our processes. The checklist measures against a best practice approach and no areas of risk were identified. This was reported to Audit Committee.
- A MIAA audit of Fit and Proper Persons procedures and records was undertaken in June 2023. This provided High Assurance and included no recommendations.
- If there have been any individual concerns raised regarding Directors during the previous year, the outcome of any investigations is reviewed to provide continuing assurance that Directors remain 'Fit and Proper.' There have been no such concerns raised during 2023/24
- The retention of checks data on personal files.

Outcome of the Annual Fit and Proper Persons Checks

- In February 2024, all Board members competed the FPPT self-attestation declaration
- The outcome of the FPPT's have been saved on each personal file and uploaded onto ESR.
- Between checks, each Director is responsible for identifying any issues which may affect their ability to meet the statutory requirements and inform the Chair.
- In addition, during the year 2023/24, the Director of People has overseen the completion of pre-employment checks for new appointments and confirms that all checks meet the FPPT Framework.
- Board level competences have been incorporated into job descriptions and appraisal processes for assessment in the early part of 2024.

Well-Led

Following a procurement exercise, Deloitte LLP carried out an externally facilitated developmental review of leadership and governance in 19/20. Whilst there were no areas of major concern, 19 recommendations were provided to further enhance governance and leadership arrangements within the trust. An update was provided to the Board of Directors in December 2020, with full completion of actions in 22/23. Deloitte LLP had no connection with the trust nor any individual directors.

Information Governance

We have a Senior Information Risk Officer (SIRO) who is accountable for Information Governance (IG) within the organisation and chairs the Information Governance Sub Committee (IGSC). Resilience is provided by the CIO who is also deputy SIRO.

The IGSC reports to the Audit Committee bimonthly through the chair's assurance report, with risks reported via the Audit Committee's chairs report to the executive board. IGSC effectiveness is monitored via the annual governance process review.

The work programme aligns to the assertions set out in the Data Security and Protection Toolkit (DSPT). A focus of the work programme in year has been clinical records management including the registration authority, records management, cyber security, and data quality.

We have a well-established team with the trust's Data Protection Officer (DPO) provided by a 3rd party, and the trust cyber security lead well integrated with the team.

Key areas of delivery and assurance are outlined as follows:

- **Board Assurance:** The Board Assurance Framework included a risk related to cyber security which provided the opportunity for escalation of risks and assurances to be provided to the Board on a regular basis. Actions were completed throughout the year with assurance provided to the Audit Committee.
- **Policies and Procedures:** Policies and Procedures are managed through the Information Governance Sub Committee and signed off with Executive Leadership Committee as required.
- **DSPT:** The final submission deadline for the Data Security Protection Toolkit (DSPT) for 2023/24 is 29th June 2024. The trust submitted the baseline at the end of February 2024, the status of the submission is 99 of 108 mandatory evidence items provided. There are two detailed action plans in place for the Information Governance (IG) and Information Communications Technology (ICT) teams to ensure the evidence is provided for the final submission at the end of June 2024. Mersey Internal Audit Agency (MIAA) have completed the first phase of the mandatory audit in March 2024, with phase two of the audit commencing in May 2024.
- **Data Breaches:** The trust effectively uses the RLDatix System to capture data breaches by all levels of staff via the incidents module. During 2023/24 financial year (April 23 to March 24), 139 breaches relating to information governance were reported. Four incidents where externally reported, after meeting the criteria for notification to the Information Commissioners Office (ICO), with no action taken against the trust.
- **DPO complaints:** The Data Protection Officer (DPO) received a total of ten complaints. All complaints have been escalated and eight have been closed.
- **DPIAs:** Strong processes are in place to enable delivery of Data Protection Impact Assessments (DPIAs). 16 screening questionnaires have been completed with full DPIAs completed for five new assets.
- **Data Sharing:** Nineteen information sharing agreements have been completed:
  - Mental Health Response Vehicles Cheshire and Wirral Partnership
  - Mental Health Response Vehicles Pennine Care
  - Mental Health Response Vehicles Greater Manchester Mental Health NHS Trust
  - Mental Health Response Vehicle Merseycare
  - NWAS/ Wirral Diabetes (hypoglycaemia)
  - Newton Haydock Primary Care Network (blood pressure data sharing)

- Bolton University (AI project risk assessment of patient in a telephone queue)
- Mental Health – EOC for LSCFT (Lancashire and South Cumbria Foundation Trust)
- NWAS 111 and Clatterbridge Cancer Centre NHS FT
- NWAS/ LHCH (Liverpool Heart and Chest Hospital)
- NWAS/ Hampton Knights Drug & Alcohol testing service
- NWAS/ Office for Health & Disparities (part of the DHSC) re opiate project
- NWAS/ Metropolitan Police (re opiate project)
- NWAS/ Eden Focus Hub
- NWAS/ Knowsley Safeguarding Adult Board
- NWAS/ Blackpool Victoria Hospital – Sepsis project
- NWAS/ Pennine Care as part of the Mental Health Practitioners project
- NWAS/ EMAS (resilience provided by NWAS)
- NWAS/ Man United event covering

- **Subject Access Requests:** Our Individual Rights team has received Subject Access Requests (SARs), Access to Health Requests, and numerous redirections of requests across the trust. A total of 2,657 requests (including SARs, Access to Health requests, and redirections) came into the trust between April 2023 and March 2024.
- **Key Performance Indicators:** Key performance indictors (KPI) for Freedom of Information Requests, Subject Access Requests and Data Protection Requests were met. The KPI for externally reportable data breaches (within 72-hour timeframe) has not been met due to the need of an internal investigation for one incident to establish the source of the error and how many staff members had been affected.

KPI	Target	Q1	Q2	Q3	Q4	Overall
Freedom of Information Request (FOI)	To respond to 90% of requests within 20 working days.	100%	98.18%	93.18%%	100%	98.16%
Subject Access Requests (SARs)	To respond to 85% of requests without undue delay and at the latest, within one month.	98.82%%	97.16%	99.52%	99.18%	98.65%
Data Protection Requests	To respond to 85% of requests within 40 working days	100%	100%	100%	100%	100%
Data Breaches	To report any externally reportable data breaches within the 72-hour timescale.	1000% (1)	0% (1)	100% (3)	100% (0)	75%

NWAS MODERN SLAVERY ACT 2015

Statutory Statement for the Year Ending March 2024

Background

The Modern Slavery Bill was introduced into Parliament on 10 June 2014 and passed into UK law on 26 March 2015. The Modern Slavery Act is an Act to make provision about slavery, servitude and forced or compulsory labour and about human trafficking, including the provision for the protection of victims.

A person commits an offence if:

- The person holds another person in slavery or servitude and the circumstances are such that the person knows or ought to know that the other person is held in slavery or servitude; or
- The person requires another person to perform forced or compulsory labour and the circumstance are such that the person knows or ought to know that the other person is being required to perform forced or compulsory labour.

Larger organisations must publicly report steps they have taken to ensure their operations and supply chains are trafficking and slavery free.

This disclosure duty, contained in the Modern Slavery Act 2015, applies to companies and partnerships supplying goods or services (wherever incorporated or formed) with global turnovers of £36 million and above, providing they carry on business in the UK.

The trust has previously produced a Modern Slavery statutory statement for each financial year since the year ending March 2017.

Organisational Structure

North West Ambulance Service NHS Trust serves an approximate population of 7 million covering an area of 5,500 square miles and employs over 7,100 staff. The trust receives 1.7 million emergency calls per year, which is 16% of the national (999) activity. To meet this demand the trust has three emergency control centres and approximately 720 emergency vehicles.

The trust also provides urgent care and patient transport services across the region and manages the NHS non-emergency helpline, 111, regionally.

The trust has an overall annual budget of around £470 million.

The trust is fully aware of the responsibilities it bears towards patients, employees, and the local community and as such, has a strict set of ethical values that we use as guidance with regard to our commercial activities. We therefore expect that all suppliers to the trust adhere to the same ethical principles.

The trust has a non-pay budget of £114m per annum which is spent on goods and services. Over 80% of the £114m is spent with the trust's top 100 suppliers.

Our Supply Chain

It is important to ensure that suppliers to the trust have in place robust systems to ensure that their own staff, and organisations within their own supply chain are fully compliant with the requirements of the Modern Slavery Act 2015.

In compliance with the consolidation of offences relating to trafficking and slavery within the Modern Slavery Act 2015, the trust continues to monitor its supply chains with a view to confirming that such behaviour is not taking place.

The following actions in terms of Modern Slavery and Code of Conduct have been embedded within procurement processes:

- The trust has developed a Modern Slavery Statement and a Supplier Code of Conduct.
- NHS Procurement Template Documents – ensure that Modern Slavery is considered in procurement exercises.
- NHS Terms and Conditions – requires suppliers to comply with all relevant Law and Guidance and to use Good Industry Practice to ensure that there is no slavery or human trafficking in its supply chains.
- All current trust suppliers have been contacted to provide evidence of compliance with the Act and have been issued with the "Supplier Code of Conduct." In addition, suppliers have been made aware of how to inform the trust if they become aware of any breaches to the act within their own supply chain. The same process has been adopted for new suppliers.
- When we write to new Suppliers for information to enable them to be set up on our systems, we ask them for certain information, and this has been expanded to cover a Modern Slavery Declaration.
- We have a Modern Slavery section in our "Procurement Manual" which is an internal guidance document that should raise awareness for all staff.
- The Senior Procurement Team has completed the "Ethical Procurement and Supply Certificate" that is a recognised qualification of the Chartered Institute of Procurement & Supply. Procurement staff will continue to undertake awareness training, where applicable.

Safeguarding

- The Safeguarding Vulnerable Persons Policy was reviewed in July 2021 and makes reference to modern slavery.
- The Safeguarding Team have added Modern Day Slavery to the level 3 training and the induction training for the trust.
- The safeguarding crib sheets has a modern day slavery tick box option for staff who are raising concerns if they feel that the patient may be a victim of modern day slavery.
- It has been made very clear to staff during training that modern day slavery is a crime and so if a patient is at risk of MDS or is believed to be a victim then the Police should be contacted.

Recruitment

The trust has a robust recruitment policy and follows all the NHS Employment checks standards including right to work and identity checks. The checks standards are rigorously applied to all prospective employees and bank workers, whether in paid or unpaid employment. Agency staff are sourced through Agencies listed on the approved Procurement Framework (s).

This statement is made pursuant to section 54(1) of the Modern Slavery Act 2015 and constitutes our slavery and human trafficking statement for the financial year ending 31 March 2024.

External Compliance

The trust's functions are organised to ensure effective compliance with the external requirements placed upon it by bodies such as the Department of Health and Social Care, the Care Quality Commission, NHS England, and NHS Resolution. The trust aims to comply with, and meet, all statutory, legislative, and regulatory requirements placed upon it as an employer, an ambulance service, and an NHS trust. These include:

- National targets for ambulance response times
- Statutory and regulatory financial duties
- Care Quality Commission registration requirements
- NHS Model Employer standards
- Civil Contingencies Act 2004
- NHS Constitution

STATEMENT OF THE CHIEF EXECUTIVE'S RESPONSIBILITIES AS THE ACCOUNTABLE OFFICER OF THE TRUST

The Chief Executive of NHS England has designated that the Chief Executive should be the Accountable Officer of the trust. The relevant responsibilities of Accountable Officers are set out in the NHS Trust Accountable Officer Memorandum. These include ensuring that:

- there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance;
- value for money is achieved from the resources available to the trust;
- the expenditure and income of the trust has been applied to the purposes intended by parliament and conform to the authorities which govern them;
- effective and sound financial management systems are in place; and
- annual statutory accounts are prepared in a format directed by the Secretary of State to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, other items of comprehensive income and cash flows for the year.

As far as I am aware, there is no relevant audit information of which the trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.

Daren Mochrie QAM, MBA, Hon DHC, Dip IMC RCSEd, MCPara
Chief Executive Officer Date: 19 June 2024

STATEMENT OF DIRECTORS' RESPONSIBLITIES IN RESPECT OF THE ACCOUNTS

The Directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of HM Treasury, directs that these accounts give a true and fair view of the state of affairs of the trust and of the income and expenditure, other items of comprehensive income and cash flows for the year. In preparing those accounts, the directors are required to:

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury;
- make judgements and estimates which are reasonable and prudent;
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts and
- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.

The directors confirm that the annual report and accounts, taken as a whole, is fair, balanced, and understandable and provides the information necessary for patients, regulators, and stakeholders to assess the NHS trust's performance, business model and strategy.

By order of the Board

Date…19 June 2024……Chief Executive: 

Date:… 19 June 2024……Director of Finance: … 

Annual Governance Statement

Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the *NHS Trust Accountable Officer Memorandum*.

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of North West Ambulance Service NHS Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively, and economically. The system of internal control has been in place in North West Ambulance Service NHS Trust for the year ended 31 March 2024 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

Leadership

The Board of Directors has overall responsibility for providing strategic leadership of risk management throughout the organisation, which includes maintaining oversight of strategic risks to achieving the trust's objectives via the Board Assurance Framework (BAF) and leading by example in creating a culture of risk awareness. The Director of Corporate Affairs is accountable to the Board of Directors and the Chief Executive for North West Ambulance Service NHS Trust's governance and risk management. The Director of Corporate Affairs, with support from the Head of Risk and Assurance, provides clear focus for the management of organisational risks and for coordinating and integrating all of the trust's risk management arrangements.

The Board of Directors is presented with a quarterly risk management assurance report, containing the BAF and the Corporate Risk Register (CRR), both of which are subject to scrutiny at the Executive Leadership Committee (ELC) meetings.

Executive Directors of the trust are responsible for the consistent application of the Risk Management Policy within their areas of accountability, which includes maintaining an awareness of the overall level of risk within the organisation, the management of specific risks that have been

identified and promoting a risk aware culture within their Directorates. Senior Management Teams scrutinise Directorate, Departmental/Team risk registers at their meetings.

Managers within the trust are responsible for making active use of risk registers to support safe management of their service, management of specific risks that have been identified, promoting a risk aware culture, and ensuring that risk assessments are carried out within their service.

Risk Management Training

Risk management training is incorporated into the trust's induction programme and annual mandatory training programme.

Each year Board Development sessions on risk management, risk appetite, and the development of the BAF are held with the Board of Directors and these focused sessions provide the Board of Directors with an additional opportunity to discuss and debate the strategic risks and Risk Appetite Statement (RAS) and to understand and define the risk tolerance levels for the organisation, prior to formal approval.

The risk and control framework

Risk Management Strategy

The Risk Management Strategy defines the broad aims and principles of risk management activities across the trust and sets out key targets and milestones until end March 2024 at which point, it will be reviewed. The primary aim of the strategy is to provide a supportive framework that ensures integration of risk management into policy making, planning and decision-making processes, specifically:

- To protect patients, carers, staff, and others who come into contact with the trust;
- To create awareness through the trust of the importance of recognising and managing risk and providing our people with appropriate knowledge, skills, and support;
- To promote positive risk taking in the context of clinical care and in controlled circumstances;
- To provide a robust basis for strategic and operational planning through structured consideration of key risk elements;
- To enhance partnership working with stakeholders in the delivery of services;
- To improve compliance with relevant legislation and national best practice standards; and
- To enhance openness and transparency in decision making and management.

The Risk Management Strategy underpins other trust strategies, enabling improved and integrated clinical and corporate risk management systems and risk assurance reporting, thereby enhancing organisational risk maturity. The objectives for the third year of the strategy have been delayed in completion, however, this has not materially impacted on the trust's risk management arrangements. The areas that have not been achieved as forecasted include the delivery of the

Risk Culture and Maturity Improvement Plan, however the areas delivered include the redesign of Quality Assurance Visits (QAVs) to ensure appropriate questions are asked regarding risk. We have encouraged the reporting of incidents and near-misses via the Datix Cloud IQ (DCIQ) system with an appreciative approach of thanking reporters for reporting. We have revised our accountability reviews focusing on holding senior leaders to account for managing risks and proactively challenging risks associated with their areas of operation. We focused on strengthening risk management to be integral to business planning processes. Our corporate Risk Assurance Team has been intensified in providing a professional advisory service, by investing specialist training delivered jointly by the Institute of Risk Management (IRM) and NHS Providers.

Risk Management Policy

The Risk Management Policy was reviewed during 2023/24 and defines the approach taken by North West Ambulance Service NHS Trust in applying risk management awareness to its decision-making processes at all levels. The main objective of this policy is to establish the foundations for a culture of effective risk management throughout the organisation by setting out clear definitions, responsibilities, and processes to enable the principles and practices of risk management to be applied consistently throughout the organisation.

The trust risk scoring matrix has been refreshed to ensure standardisation of risk assessments across the trust. All risks are recorded and managed via the trust-wide risk management system.

Risk management is everybody's responsibility, and the principles of effective risk management should form an integral component of decision-making at all levels.

Where a risk is identified but cannot be managed without some significant change to the way the organisation operates, it is escalated through the relevant line management structure. The policy also requires risk mitigating action plans to be determined and implemented for those risks that are inadequately controlled.

Board Assurance Framework (BAF)

The BAF is an effective method for the oversight of the organisation's strategic risks i.e., those which could prevent the trust from achieving its corporate objectives, and links with the trust's strategic aims, objectives, and vision. It provides structures for evidence to support the Annual Governance Statement (AGS) and as a result, streamlines reporting to the Board of Directors. The BAF has continued to mature into a comprehensive system and is embedded within the organisation's Integrated Governance Structure.

The BAF includes the following key elements:

- Strategic risks of the trust, aligned to the Executive Director Lead and mapped to a Board Assurance Committee for monitoring;
- A description of the strategic risk, including opening, quarterly, in-year and aspirational target scores;

- Projected forecast for the upcoming quarter, including supporting rationale;
- The corporate risks which link to the strategic risk, including risk scoring;
- Risk appetite category and risk tolerance score;
- Key controls in place to mitigate the risks;
- Assurance regarding the effectiveness of the key controls;
- Any gaps in controls and assurances;
- Action plans to address gaps in controls and assurances.

The BAF is approved by the Board of Directors at the commencement of the financial year and is managed through delegation by its Board Assurance Committees. The Executive Leadership Committee (ELC) continues to promote effective risk management and leadership whilst overseeing and monitoring the management of the BAF.

The Board of Directors reviews the BAF on a quarterly basis and approves the quarterly position. The final version of the 2023/24 Board Assurance Framework was approved at the end of April 2024, by the Board of Directors.

Risk Management

All departments within Directorates maintain a live, dynamic, and well populated risk register via the trust system. Risk is a key agenda item on all meeting agendas across the trust. The trust supports its people throughout the organisation to manage risk at the most appropriate level, ensuring there is a clear process for risk escalation. Risks are escalated via Departmental and Directorate risk registers to the Corporate Risk Register in accordance with the Risk Management Policy.

All business cases must include a full risk assessment and Equality Impact Assessment (EIA) prior to formal approval. All efficiency schemes have processes in place to identify and mitigate risks to quality.

Risk Appetite

As part of the cyclical Board Development Programme, the Board of Directors received a focused session pertaining to risk appetite. Collectively, the Board of Directors has assessed its risk appetite, and this is reviewed and approved annually. It is also taken into account to support decision making.

Risk Management Internal Audit

During 2023/24, our internal auditors conducted an audit to provide assurance that core risk management controls have been adequately designed. The audit opinion was concluded as ‘high assurance,’ this meaning there is a strong system of internal control which has been effectively designed to meet the system objectives, and that controls are consistently applied in all areas reviewed.

Key findings included:

- There was a robust level of control within the Risk Management system;
- Areas of good practice included clearly defines roles and responsibilities relating to risk management, staff awareness, and training, clearly documented assurance routes for monitoring risk, clearly documented risk management processes, and Executive and Board oversight of strategic level risks;
- There is a detailed Risk Management Strategy and Policy in place, as well as a defined Risk Appetite Statement;
- Risk management training was effectively applied to all staff and senior management with compliance rates well above target;
- Risk management processes were outlined clearly within the policy and included detailed processes for identifying, assessing, and scoring risks;
- Assurance routes in relation to monitoring risks were clearly defined and included processes for managing both operational and corporate level risks, utilising local Directorate Senior Management Team (SMTs) as well as the Audit Committee and dedicated risk management teams;
- An identified area for improvement was identified around the inclusion of potential opportunities of risk within the Risk Management Strategy and Policy.

Quality Governance

Quality Governance is overseen via the Trust's Quality and Performance Committee which monitors the delivery of the Trust's Quality Strategy and compliance with the Care Quality Commission (CQC) regulatory requirements under the Health and Social Care Act (2008, 2015) and the Health and Care Act 2022. The work of the Quality and Performance Committee has been supported by the Clinical Effectiveness Sub Committee, Health, Safety Security & Fire Sub Committee, Infection, Prevention and Control Sub Committee, Emergency Preparedness Resilience & Response Sub Committee and Diversity, and Inclusion Sub Committee. In October 2023, the trust transitioned from the Serious Incident Framework (2015) to Patient Safety Incident Response Framework (2019). In line with this, the trust reviewed its governance arrangements and replaced the Review of Serious Events (ROSE) meeting with a Complex Case Review Group (CCRG) and Patient Safety Event Cases (PSEC) meeting.

The purpose of these arrangements is set out in the trust's Patient Safety Incident Response Policy and Plan (published September 2023) which describes how weekly decision-making governance meetings operate with delegated powers, to review events from escalation within service lines and make decisions on the appropriate level of response. The Patient Safety Event Cases (PSEC) meeting has delegated responsibility for the consideration of events for Patient Safety Incident Investigation (PSII) or a patient safety learning response for oversight of outcomes. The Quality and Performance Committee maintains oversight of process, to provide assurance to the Board of Directors that we are meeting national response standards.

The Quality and Performance Committee receives assurance from an Integrated Performance Report (IPR) which provides oversight against the relevant sections of the System Oversight Framework (2021) including quality indicators, patient experience, patient outcomes, performance, and effectiveness. It also includes the actions required by National patient safety alerts, progress, and accountability.

The Quality and Performance committee workplan is set to ensure the committee receives assurances that we are safe, effective, caring, responsive to people's needs and well led. They request and receive additional assurances throughout the annual cycle via a series of deep dives which are focused on areas where the Board of Directors requires additional information or assurances.

Clinical Risk Management

Clinical risk is monitored via the trust's Clinical Effectiveness Sub Committee and Quality and Performance Committee.

Whilst clinical risk management is everyone's responsibility, it is managed on a day-to-day basis by operational staff and is collaboratively monitored by the Corporate Affairs Directorate, Quality, Innovation and Improvement Directorate and the Medical Directorate. Clinical risk is reported through the integrated governance, risk, and compliance system, which allows themes and trends to be identified to inform wider organisational learning. All clinical practices are carried out using the best available clinical evidence base; this includes advice that is given to patients via telephone as well as advice and clinical interventions performed when our clinicians are in a face-to-face situation. In the former, the evidence base is largely taken from the papers published in the UK and for the latter, the evidence base is the Joint Royal Colleges Ambulance Liaison Committee's (JRCALC) latest Clinical Guidelines.

The Audit Committee reviews the establishment and maintenance of an effective system of governance, risk management and internal control, across the entire organisation's activities. This includes activities that are both clinical and non-clinical.

Corporate Governance

There are clear Terms of Reference (ToR) for each Board Assurance Committee and reporting Sub Committee with the committee's effectiveness being reviewed on an annual basis.

There were three Board Assurance Committees, chaired by a Non-Executive Director (NED) that oversaw risk management; both clinical and non-clinical and these were:

- Audit Committee; which sought assurance over the risk management processes and controls in place rather than the content and management of individual risks themselves.
- Quality and Performance Committee.
- Resources Committee.

Each year, the trust undertakes effectiveness reviews of all Board Assurance Committees and Sub Committees. The effectiveness reviews completed in 2022/23 identified improvements, themed into five key areas:

- Committee focus;
- Committee engagement;
- Teamworking;
- Effectiveness;
- Leadership.

Throughout 2023/24, recommendations from the 2022/23 effectiveness reviews were implemented. This has resulted in improved, succinct, and clear questioning; assurance papers providing greater clarity on key areas of assurances and simplifying complex matters to ensure understanding by Committee members. Board Assurance Committees have continued to undertake frequent 'deep dives' into key areas of risk during the year. This has been driven by the gaps in assurances highlighted on the Board Assurance Framework (BAF), in a continued drive for strengthening of assurance.

During 2023/24, the trust has completed a full review of the corporate governance structure, this will be implemented on 01 April 2024. The review of the trust's governance structure has been driven by an aspiration to reduce the layers, or handover points, in Board Assurance, refocus the Committees' business, strengthen executive assurance and also the link between executive assurance and Board assurance.

It is important to note that the fundamentals of the governance model remain the same, with the Board retaining oversight and delegation to the CEO/Execs.

The new governance structure aims to:

- Streamline processes and clarify governance member roles and responsibilities;
- Provide a simplified, clearer governance structure with strengthened executive assurance;
- Improve decision-making agility;
- Improve accountability.

As part of the Board Development Programme, the Good Governance Institute (GGI) hosted a session on modern governance and assurance. The new governance structure enables the trust to establish a strong governance framework that strikes the right balance between control and flexibility in setting direction, robust risk management systems and effective Board oversight.

2023/24 Strategic Risks

The key risks for the trust as it moved into 2023/24 focused on patient safety, financial effectiveness and value for money, operational performance and workforce recruitment and retention.

The following list identifies the risks for 2023/24:

1. There is a risk that the trust does not provide high quality, inclusive care leading to avoidable harm, poorer patient outcomes and reduction in patient satisfaction.
2. There is a risk that the trust cannot achieve financial sustainability impacting on its ability to deliver quality (safe and effective) services.
3. There is a risk that the trust does not deliver improved national and local operational performance standards resulting in delayed care.
4. There is a risk that the trust will be unable to maintain safe staffing levels through effective attraction, retention, and attendance of sufficient suitably qualified staff impacting adversely on delivery of performance standards and patient outcomes.
5. There is a risk that the trust does not deliver its People Strategy to improve its culture and staff engagement and this impacts on NWAS being a brilliant place to work.
6. There is a risk that non-compliance with legislative and regulatory standards could result in harm and/or poor regulatory enforcement action.
7. There is a risk that the trust does not work together with our partners in the health and social care system to shape a better future leading to poor effects on our communities and the environment.
8. There is a risk that the trust suffers a major cyber incident due to persistent attempts and/or human error resulting in a partial or total loss of service and associated patient harm.
9. There is a risk that the trust attracts negative media attention arising from long delays and harm leading to loss of public confidence.
10. There is a risk that the level of uncertainty an unpredictability both nationally and regionally impacts on, or results in, delayed achievement of our strategic priorities and objectives.

Future 2024/25 Strategic Risks

The key risks for the trust as it moves into the new financial year remain focused surrounding quality and patient safety, financial sustainability, operational performance, workforce, and cyber security.

The following list denotes the risks identified for 2024/25:

1. There is a risk that the trust does not provide high quality, inclusive care leading to avoidable harm, poorer patient outcomes and reduction in patient satisfaction.
2. There is a risk that the trust cannot achieve financial sustainability impacting on its ability to deliver quality (safe and effective) services.
3. There is a risk that the trust does not deliver improved national and local operational performance standards resulting in delayed care and/or harm.

4. There is a risk that the trust will be unable to maintain safe staffing levels through effective attraction, retention, and attendance of sufficient suitably qualified staff impacting adversely on delivery of performance standards and patient outcomes.
5. There is a risk that the trust does not improve its culture and staff engagement adversely impacting on retention and staff experience.
6. There is a risk that non-compliance with legislative and regulatory standards could result in harm and/or regulatory enforcement action.
7. There is a risk that the trust does not work together with our partners in the health and social care system to shape a better future leading to poor effects on our communities and the environment.
8. There is a risk that the trust suffers a major cyber incident due to persistent attempts and/or human error resulting in a partial or total loss of service and associated patient harm.
9. There is a risk that the trust attracts negative media attention arising from long delays and harm leading to loss of public confidence.
10. There is a risk that the level of uncertainty an unpredictability both nationally and regionally impacts on, or results in, delayed achievement of our strategic priorities and objectives.

The Governance Framework

The new NHS Code, released by NHS England on 1st April 2023 is applicable to all NHS Providers and following a review of the trust's corporate governance arrangements against the NHS Code, a declaration of compliance against all provisions during 2023/24 was reported to Audit Committee and the Board of Directors during April 2024.

The proposed position is for the trust to declare compliance with all relevant clauses in the Provider Code of Governance.

The Board of Directors recognises its accountabilities and provides leadership within a framework of prudent and effective controls which enables risks to be assessed and managed throughout the organisation.

The Board of Directors sets the strategic direction for the organisation and ensures that resources are in place to meet its objectives. It received reports at each meeting held in public on the principal strategic risks through a combination of risk management assurance reports and/or Chair's Assurance Reports from the Board Assurance Committees.

The Board of Directors currently meets at least six times per annum and during the reporting period consisted of:

- The Chair plus 5 other Non-Executive Directors, including a Senior Independent Director (SID)
- The Chief Executive Officer and 5 other voting Executive Directors
- 3 non-voting Executive Directors.

- 1 non-voting Associate Non-Executive Director

During 2023/24, there were a number of changes to the composition of the Board of Directors:

- One Non-Executive Director's term of office expired
- One new Non-Executive Director was appointed;
- One new Associate Non-Executive Director was appointed;
- The Director of Operations officially retired from the trust on 30 September 2023, and the Deputy Chief Executive/ Director of Strategy, Partnerships, and Transformation was appointed as Chief Operating Officer to provide interim cover until a substantive Director of Operations is appointed and therefore assumed the voting rights of the Director of Operations post.

The Board of Directors has three key roles:

- Formulating strategy for the organisation;
- Ensuring accountability by; holding the organisation to account for the delivery of the strategy; by being accountable for ensuring the organisation operates effectively and with openness, transparency, and candour and by seeking assurances that systems of control are robust and reliable;
- Shaping a healthy culture for the Board of Directors and the organisation.

Quality is a central element of all Board of Director meetings. The Integrated Performance Report (IPR), which continues to be developed and enhanced, is aligned to the Single Oversight Framework (SOF) with focus on key quality indicators.

A staff or a patient story opens each meeting of the Board, to ensure that the focus on quality of patient care and the safety and wellbeing of our people remains at the core of all Board of Directors activity and decision-making.

At each Board of Directors meeting, the Board reviews reportable events which includes near-misses, serious incidents and since October 2023, patient safety incident investigations under the Patient Safety Incident Response Framework (PSIRF), serious case reviews, claims, and coroner's inquests. The Quality and Performance Committee also reviews these matters in greater detail on a monthly basis, along with complaints and concerns, and learning is disseminated via the trust Learning Forums which are held locally within geographical areas for both clinical and non-clinical matters and also regionally.

During the year, there has not been any nationally defined 'Never Events' as a result of the care and services provided by the trust.

The Executive Management Team via the Executive Leadership Committee (ELC) meets weekly and is accountable for the operational management of the trust. The primary focus of the

Executive Management Team includes management of organisational risk and governance; investment and disinvestment; performance delivery; horizon scanning; strategy and policy development, interpretation and implementation, and stakeholder and partner engagement.

Arrangements are in place through the Board of Directors and Board Assurance Committee meetings throughout 2023/24 are detailed on page 118 of the Annual Report.

From April 2023, following statutory changes within the Health and Care Act (2022) there was a requirement for all NHS trusts to hold a Provider Licence issued by NHS England. Whilst there is no obligation for NHS providers to produce a formal document detailing compliance with the Licence, there is an expectation from Regulators that should they seek assurance, the trust will be able to declare compliance and evidence the basis on which that declaration is made. The trust self-certified as being compliant with the conditions of the provider Licence for 2023/24 and reported this through Audit Committee at the start of 2024/25.

Workforce

The trust has an approved 3-year People Strategy with a supporting implementation plan reinforced by a set of clear measures.

In line with the NHS People Plan, the People Strategy seeks align with the NHS Priorities, the People Promise. The NWAS People Strategy looks forward over a three year period, with a supporting set of annual objectives focused on improvements. Progress against implementation of the Strategy is monitored on behalf of the Board of Directors through the Resources Committee and the associated workforce governance structures, with key projects also overseen by the Corporate Programme Board (CPB).

The trust's approach to workforce planning and development takes account of NHS England's (NHSE) priorities and operational planning guidance, issued each year, and other national developments, such as the NHS Long Term Workforce Plan. The trust's workforce planning process seeks to ensure appropriate and robust governance and monitoring at the strategic, tactical, and operational levels. These plans are reviewed regularly by the Board of Directors, Resources Committee, and the Executive Leadership Committee (ELC). The operating plan for 2023/24 took account of the additional investment of the Urgent and Emergency Care (UEC) recovery plan and have been closely monitored throughout the year. Plans were monitored via the Strategic Workforce Sub Committee during 2023/24.

The trust produces workforce information in the form of workforce dashboards and workforce plans for the frontline workforce, including our NHS 111 and Emergency Operations Centres (EOC). The Board of Directors and Senior Management Teams receive monthly reports on workforce data through the Integrated Performance Report (IPR) and supporting workforce dashboards, which demonstrates the position against planned establishment. The People Directorate work closely with service lines to support workforce requirements and individual

service line meetings monthly to discuss the current workforce position against the planned position in accordance with the operating plan. These plans are also triangulated with finance plans. Discussions include the emerging recruitment requirements and the position of fill rates for planned courses. In addition, agency staffing is also discussed to ensure that this is managed within the agency ceiling.

Throughout 2023/24, assurance has been provided against the workforce and recruitment plans to the Strategic Workforce Sub Committee, Resources Committee, and the Board of Directors. Ad hoc reports have also been provided on specific risks associated with the workforce plan to Board Assurance Committees and this has included a deep dive on retention issues in our NHS 111 service.

At a tactical level, agreed plans are actively monitored with service lines and Finance monthly, to identify and address any developing trends. The planning process is dynamic which allows opportunity to discuss emerging issues that may impact on the plans and allow flexibility to accommodate changes. The anticipated turnover rate is mapped throughout these plans to allow a forward view over the next twelve months allowing service lines to visualise the anticipated workforce position. These detailed annual plans sit within the context of a five-year plan focused on ensuring appropriate Paramedic supply and which has informed regular engagement with NHS England (NHSE) and Higher Education Institute (HEI) partners.

Operationally, levels of deployment against the plan are monitored on an hour-by-hour basis with reporting to the Executive Leadership Committee (ELC) and Board Assurance Committees. Managers work within the context of the financial boundaries and governance processes, especially regarding the appropriate use of agency within the delegated ceiling and agency framework.

The trust utilises the Model Ambulance dashboard metric to gain an overview of clinical and non-clinical workforce composition including staff numbers, pay costs, skill mix ratios and productivity in terms of clinical outputs. This in turn supports the trust to identify potential opportunities to improve efficiencies and productivity.

The trust has successfully continued to reduce agency usage through improved workforce planning with a focus on prioritising alternative options above using agency staff. The majority of agency has been used in NHS 111 to support filling Health Advisor vacancies. Due to a generally healthy employment market, the trust has struggled to attract a sufficient volume of applications for clinical contact centre roles. In addition, there have also been a high level of turnover within this staff group. There has been a strategic response to this issue, with measures taken to support improved retention such as the creatin of a single call taker role to all clinical contact centres and a review of the approach to recruitment and assessment. Alongside this, in early 2024 there was investment in a trust wide recruitment campaign that included adverts in railway stations, buses, billboards and on local radio stations.

The trust's Paramedic workforce supply continues to be strengthened through longer term strategic plans to develop and support internal development routes to Paramedic through degree apprenticeships, to increase external supply, to develop partnerships and to actively recruit. Associated risks and plans have been closely monitored through the Resources Committee and the Quality and Performance Committee.

The trust is fully compliant with the registration requirements of the Care Quality Commission.

The trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by the trust with reference to the guidance) within the past twelve months, as required by the '*Managing Conflicts of Interest in the NHS*' guidance.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

The trust has undertaken risk assessments on the effects of climate change and severe weather and has developed a Green Plan following the guidance of the Greener NHS programme. The trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

Review of economy, efficiency, and effectiveness of the use of resources

The trust secures the economic, efficient, and effective use of resources through a variety of methods, including:

- A well-established policy framework including Standing Orders, Standing Financial Instructions and Scheme of Delegation.
- An organisational structure which ensures accountability and challenge through the Integrated Governance Structure.
- Effective Corporate Directorates responsible for revenue and capital planning and the control and management of resources.
- A clear planning process, resulting in the approval of an annual financial plan by the Board of Directors.

- Budgets delegated across the trust, with budget holders receiving detailed monthly financial reports.
- Budget holders and service lines continue to play an active part in ongoing review of financial performance.
- Detailed financial reporting to the Executive Leadership Committee (ELC) and the Resources Committee including income and expenditure; statement of financial position; progress on the achievement of efficiency and productivity programmes; capital expenditure programmes; and key financial risks.
- The ELC takes a lead in financial planning, delivery and taking actions for recovery to bring variances back to plan when required.
- The ELC throughout the year regularly reviews performance against clinical, performance, workforce, and financial indicators.
- The trust receives significant time in improving systems and controls to deliver a more embedded range of monitoring and control processes.
- Continued group and control activities for both requisitions and filing of vacancies by the Vacancy Control Panel (VCP), by ensuring established vacancy prior to recruitment and review of budgets before approval to recruit.

The in-year use of resources is closely monitored by the Board of Directors and the following Board Assurance Committees:

- Audit Committee
- Resources Committee
- Quality and Performance Committee.

The Audit Committee scrutinises and challenges the effectiveness of the trust's financial and governance arrangements to manage finance and secure value for money (VFM). The trust employs several approaches to ensure the best value for money in delivering its services. Benchmarking is used to provide assurance and to inform and guide service redesign. This leads to improvements in the quality of services and patient experience as well as financial performance.

The governance arrangements are supported and strengthened by an effective internal audit plan. The external auditors provide a key independent source of information for the Audit Committee membership, and the public, in determining and reporting on the financial statements and value for money arrangements across the trust. Through this process, the trust has gained independent and objective assurance to the Audit Committee and the Board of Directors that the trust's risk management, governance and internal control processes are operating effectively.

The trust has a dedicated, qualified Local Counter Fraud Specialist (LCFS) supported as required by other LCFS. Any concerns can be directed to the team and, any information is treated in the strictest confidence.

External Auditors, Internal Auditors, and Counter Fraud report to each meeting of the Audit Committee and meet the membership of the Audit Committee without any management present.

Information governance

The programme of work associated with Information Governance throughout 2023/24 has been reported to the Information Governance Sub Committee, chaired by the Senior Information Risk Officer (SIRO) and reporting to the Audit Committee bi-monthly. The work programme aligns to the assertions set out in the Data Security and Protection Toolkit (DSPT). A focus on the work programme in year has been clinical records management including the registration authority, records management, cyber security, and data quality.

The Board Assurance Framework (BAF) included a strategic risk pertaining to cyber security, which provided the opportunity for escalation of risk and assurances to the Board of Directors on a quarterly basis.

The submission of the Data Security Protection Toolkit (DSPT) for 2022/23 was on 30 June 2023. The trust submitted a score of 112 of 113 mandatory evidence. The only assertion which the trust did not have evidence to meet was 3.2.1, '95% of staff have completed annual Data Security Awareness training'. An improvement plan was submitted for this assertion. This gave the status of the final submission as Standards not Met. The improvement plan was reviewed by NHS Digital, and the status was changed to "Approaching Standards. Mersey Internal Auditors Agency gave the trust "substantial assurance" for the evidence that was provided for the assertions and "substantial assurance" overall across the 10 National Data Guardian Standards.

The final submission deadline for the Data Security Protection Toolkit (DSPT) for 2023/24 is 28 June 2024. The trust submitted the baseline at the end of February 2024, the status of the submission was that 99 of 108 mandatory evidence items were provided. There are two detailed action plans in place for the Information Governance (IG) and Information Communications Technology (ICT) teams to ensure the evidence is provided for the final submission at the end of June 2024.

The trust effectively uses the Datix Cloud IQ (DCIQ) system to capture data breaches via the incidents module. During 2023/24 financial year (April 2023 to March 2024), 139 breaches relating to information governance were reported. Each information breach is risk scored against the trust's risk matrix and investigated thoroughly. Level 4 and 5 breaches (most serious) are reviewed by the Information Governance team to determine whether they meet the criteria for referral to the Information Commissioners office. 4 incidents were reported, after meeting the criteria for notification to the Information Commissioners Office (ICO), with no action taken against the trust on any of the 4 reported breaches. Learning from information incidents and breeches is discussed at the Information Governance Sub Committee and action plans developed accordingly for management of local issues and sharing of learning.

Data quality and governance

The trust has recruited new roles to grow the Data Quality Team and capability in line with additional resources brought into the wider Informatics Team. The Data Quality Team has worked against a programme of data quality audits over the last year to support key priorities for the trust. This has included auditing Hospital Arrival Screens (HAS) data and working with the Hazardous Area Response Team (HART) to fulfil reporting requirements. For our trust Electronic Patient Record (EPR), the team have developed data quality monitoring reports to assist in ongoing improvement of data capture within the system.

The prioritisation of the Data Quality programme of work will follow and complement ongoing reporting priorities within the Informatics backlog. This will allow for monitoring reports to organically grow for Information Asset Owners (IAO) and Information Asset Administrators (IAA) to undertake their responsibility to proactively view the quality of data being produced within their systems. Data Quality Audits will be used to conclude Informatics developments and provide assurance of new reporting outputs to the trust.

Review of effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the information provided in this annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board of Directors, the Audit Committee, the Quality and Performance Committee, the Resources Committee, and a plan to address weaknesses and ensure continuous improvement of the system is in place.

My review is informed in several ways:

- The Head of Internal Audit provides me with an independent opinion of the overall arrangements for gaining assurance through the Board Assurance Framework (BAF), and the controls reviewed as part of the internal audit work;
- Executive Directors and senior managers within the organisation who have responsibility for the development and maintenance of the system of internal control provide me with assurance;
- The Board Assurance Framework (BAF) itself provides me with evidence on the effectiveness of controls that manage the key risks to the organisation achieving its strategic aims and objectives have been reviewed;

- The overall rating of 'Good' and 'Outstanding' for the trust's urgent and emergency care responsiveness domain, by the Care Quality Commission (CQC) during their last inspection of the trust.

My review is also informed by:

- The NHS Data Security and Protection Toolkit;
- Assessment against the NHS Counter Fraud Authority Standards for Providers;
- Peer reviews within the ambulance service sector;
- Internal audit reports;
- Clinical audit findings;
- External audit findings;
- External consultancy reports on key aspects of the trust's governance.

The Board of Directors seeks assurance that risk management systems and processes are identifying and managing risks to the organisation appropriately through the following:

- At least annual; a review of the effectiveness of the trust's system of internal control;
- The Board of Directors ensure that the review covers all material controls, including financial, clinical, operational, and compliance controls, and risk management systems;
- An annual review of the Risk Management Policy;
- A quarterly presentation of the Board Assurance Framework at Board of Directors meetings;
- Monthly integrated performance reporting at Board of Directors meetings, outlining achievements against key performance, safety and quality, and finance indicators;
- Assurance reports at each meeting, providing information on progress against compliance with national standards;
- Assurance from internal and external audit reports that the trust's risk management systems are being implemented.

The follow-up of internal audit recommendations are regularly monitored by the Executive Leadership Committee (ELC), Internal Audit, and the Audit Committee. The trust has a comprehensive risk-based internal audit plan in place and this programme was delivered during 2023/24. The outcome of the 2023/24 internal audit programme, reported via the Head of Internal Audit Opinion, which overall gave the trust Substantial Assurance - that there is a good system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently.

During the year, the following audit assurance outcomes were reported:

- 5 audits were assessed as High Assurance
- 3 audits were assessed as Substantial Assurance
- 2 audits were assessed as Moderate Assurance
- 0 audit were assessed as Limited Assurance, and;

- 0 audits were assessed as No Assurance.

The trust's internal auditors have also supported the organisation in strengthening arrangements in respect of risk management and internal control. The 2023/24 Internal Audit Programme, audit work has provided assurance across the trust's critical business systems, namely, financial systems, information and technology, performance, quality and safety, workforce, governance and risk, and legality. Recommendations made have resulted in actions taken to further strengthen systems and controls in year.

During 2023/24, the trust's Clinical Audit department participated as a provider of information to the national clinical audits, and these are as follows:

- National Ambulance Clinical Quality Indicators, a national audit of the care of the patient who were assessed by ambulance clinicians are:
- Suffering a pre-hospital cardiac arrest;
- Suffering a pre-hospital heart attack;
- Suffering a stroke;
- Suffering from falls in older adults.

Conclusion

Following my review and taking into account the contents of this report and the evidenced based assurance seen at the Board Assurance Committees, I can confirm that no significant internal control issues have been identified.

Signed……..

Chief Executive **Date: 19 June 2024**

Remuneration Report

Nominations and Remuneration Committee

The Board of Directors have established a Nominations and Remuneration Committee that advises the Board of Directors with regard to the appropriate remuneration and terms of service of the Chief Executive and other executive directors including:

- All aspects of salary
- Provision of other benefits
- Arrangements for termination of employment and other contractual terms.

The members of the committee are the Chair and non-executive directors. The Chief Executive, other directors and any other officers in attendance are not present for discussions about their own remuneration and terms of service.

Policy on Remuneration

The determination of salaries for senior managers for 23/24 onwards is informed by national guidelines regarding Very Senior Managers' (VSM) pay which cover the Chief Executive, Executive Director, and the majority of director posts and where appropriate are approved by NHS England.

Contracts of Employment

The Executive Leadership Team are employed on full time contracts. The period of notice required for these posts is six months.

Termination payments are governed by guidelines set by HM Treasury that allow for compensation to be paid in relation to the notice period given, together with any statutory redundancy settlement, if applicable. Any exceptions to this require the prior approval of NHS England and the Treasury.

Performance Related Pay

The broad arrangements for annual salary uplifts and the performance bonus scheme are specified in The Pay Framework for Very Senior Managers in Strategic and Special Health Authorities, Primary Care Trusts, and ambulance trusts (June 2013) and in the subsequent Guidance on pay for very senior managers in NHS trusts and foundation trusts (February 2017).

For 23/24 VSM salaries have been recommended within the remit of the Senior Salaries Review Body (SSRB) rather than being determined separately for the NHS. The government agreed to accept the recommendation of the SSRB, and these recommendations were:

- An across-the-board increase of 5% for all VSMs to be applied and backdated to 1 April 2023.

- A further Application of 0.5% of the ESM and VSM pay bill is used as a pot to address specific pay anomalies. The Nominations and Remuneration Committee determine that they would apply this pot to directors whose salaries fell below the Top Pay Step of Agenda for Change Band 9 to ameliorate the erosion of differentials (between current Agenda for Change (AfC) and VSM/ESM pay frameworks). This was applied based on a flat rate of £1,211 per director in scope.

The Nominations and Remuneration Committee agreed with the recommendations and details of senior managers' remuneration and pensions are shown in the following tables.

Salaries and Allowances 23/24 (subject to audit)

Table 1: Single Total Figure Table

Name	Title	FROM 1ST APRIL 2023 TO 31ST MARCH 2024						FROM 1ST APRIL 2022 TO 31ST MARCH 2023					
		Salary (bands of £5,000)	Expense Payments (taxable) to nearest £100	Performance pay and bonuses (bands of £5,000)	Long term performance pay and bonuses (bands of £5,000)	All pension-related benefits (bands of £2,500)	TOTAL (bands of £5,000)	Salary (bands of £5000)	Expense Payments (taxable) to nearest £100	Performance pay and bonuses (bands of £5,000)	Long term performance pay and bonuses (bands of £5,000)	All pension-related benefits (bands of £2,500)	TOTAL (bands of £5,000)
		£000	£	£000	£000	£000	£000	£	£	£000	£000	£000	£000
Peter White	Chair	50 - 55	0				50 - 55	50 - 55	0				50 - 55
Executive Directors													
Daren Mochrie	Chief Executive	200 - 205	200			0	200 - 205	190 - 195	0			47.5 - 50	240 - 245
Gerard Blezard	Director of Operations (retired on 30/09/2023)	60 - 65	2,000			0	65 - 70	120 - 125	2,500			37.5 - 40	160 - 165
Maxine Power	Director of Quality, Improvement and Innovation	125 - 130	8,500			0	130 - 135	115 - 120	8,400			22.5 - 25	145 - 150
Angela Wetton	Director of Corporate Affairs	110 - 115	2,200			25 - 27.5	140 - 145	100 - 105	3,800			10 - 12.5	115 - 120
Salman Desai	Deputy Chief Executive/Director Strategy and Planning/ Chief Operating Officer (from 1/10/2023)	135 - 140	11,900			27.5 - 30	175 - 180	125 - 130	11,900			72.5 - 75	210 - 215
Lisa Ward	Director of Organisational Development	115 - 120	2,000			0	120 - 125	110 - 115	5,500			30 - 32.5	145 - 150
Chris Grant	Medical Director	145 - 150	7,200			0	150 - 155	135 - 140	7,100			35 - 37.5	180 - 185
Carolyn Wood	Director of Finance	130 - 135	2,600			0	135 - 140	125 - 130	2,800			20 - 22.5	150 - 155
Non-Executive Directors													
Dr David Hanley	Non-Executive Director	10 - 15	0				10 - 15	10 - 15	0				10 - 15
Catherine Butterworth	Non-Executive Director	10 - 15	0				10 - 15	10 - 15	0				10 - 15
David Rawsthorn	Non-Executive Director	15 - 20	0				15 - 20	15 - 20	0				15 - 20
Prof Alison Chambers	Non-Executive Director	15 - 20	0				15 - 20	15 - 20	0				15 - 20
Prof Aneez Esmail	Non-Executive Director	10 - 15	0				10 - 15	10 - 15	0				10 - 15
David Whatley	Non-Executive Director (started 01/04/2023)	10 - 15	0				10 - 15						

Table 2: Pension Benefits (subject to audit)

Name	Title	Real increase in pension at pension age	Real increase in pension lump sum at pension age	Total accrued pension at pension age at 31 March 2024	Lump sum at pension age related to accrued pension at 31 March 2024	Cash Equivalent Transfer Value at 1 April 2024	Real Increase/ (Decrease) in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2023	Employers Contribution to Stakeholder Pension
		(bands of £2,500)	(bands of £2,500)	(bands of £5,000)	(bands of £5,000)				
		£,000	£,000	£,000	£,000	£,000	£,000	£,000	£,000
Daren Mochrie	Chief Executive	0	42.5 - 45	90 - 95	255 - 260	2,114	260	1,659	29
Gerard Blezard	Director of Operations (retired on 30/09/2023)	0	60 - 62.5	45 - 50	200 - 205	0	-1,399	1,263	9
Maxine Power	Director of Quality, Improvement and Innovation	0	27.5 - 30	40 - 45	105 - 110	1,003	75	828	18
Angela Wetton	Director of Corporate Affairs	0 - 2.5	0 - 2.5	0 - 5	0 - 5	58	20	21	16
Salman Desai	Deputy Chief Executive/Director Strategy and Planning/ Chief Operating Officer (from 1/10/2023)	0 - 2.5	35 - 37.5	45 - 50	125 - 130	1,045	223	730	19
Lisa Ward	Interim Director of Organisational Development	0	27.5 - 30	35 - 40	95 - 100	851	121	648	17
Chris Grant	Medical Director	0	0	65 - 70	70 - 75	1,105	139	860	21
Carolyn Wood	Finance Director	0	27.5 - 30	45 - 50	130 - 135	1,101	138	859	19

Note: CETV figures are calculated using the guidance on discount rates for calculating unfunded public service pension contribution rates that was extant at 31 March 2024. Where calculations have resulted in negative impact the amount is shown as zero (in line with guidance).

Notes to accompany remuneration tables:

Auditable Content
Salaries and Allowances 2023/24
Pension Benefits
Staff Numbers and Costs
Exit Packages
Pay Multiples

Pay Multiples (subject to audit)
Entities are required to disclose pay ratio information and detail concerning percentage change in remuneration concerning the highest paid director. The banded remuneration of the highest paid director in North West Ambulance Service NHS Trust in the financial year 23/24 was £200,000-205,000k (2022-23, £190,000-195,000k).

The range of staff remuneration during 23/24 was £20,000 - £25,000 to £200,000 - £205,000 (2022/23 £20,000 - £25,000 to £190,000- £195,000). The table below shows percentage changes in remuneration within 2022-23:

Average	Staff costs Average	Highest Paid Director
2023/24	42,134	202,500
2022/23	38,092	192,500
	10.6%	5.2%

Reporting bodies are required to disclose the relationship between the remuneration of the highest paid director in their organisation and the 25th percentile, median and 75th percentile of remuneration in organisation's workforce. Total remuneration is further broken down to show the relationship between the highest paid director's salary component of their total remuneration against the 25th percentile, median and 75th percentile of salary components of the organisation's workforce.

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions. The relationship to the remuneration of the organisation's workforce is disclosed in the below table.

Year	25th Percentile Pay Ratio	Median Pay Ratio	75th Percentile Pay Ratio
2023/24	6.7:1	5.3:1	3.8:1
2022/23	7.3:1	5.8:1	4.1:1

In 23/24 employees were paid a bonus that was agreed in 22/23 and in addition a pay award of 5% was paid as well. This leads to slight change in ratios in the table above.

Table below shows the difference between salary and full remuneration and the relation to the highest paid director.

2023/24	25th Percentile	Median	75th Percentile
Total Remuneration (£)	30,201	38,163	52,837
Salary component of pay (£)	30,159	38,042	52,564
Pay and benefits excluding pension: pay ratio for highest paid director	6.7:1	5.3:1	3.8:1

Cash Equivalent Transfer Values – A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies. The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real Increase in CETV – This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period.

Compensation for Early Retirement or Loss of Office

There were no such payments made during 23/24.

Payments to Past Directors

There were no such payments made during 23/24.

Staff Report

Executive Directors

During the year, the trust had eight director positions for which VSM salaries are payable.

In addition, the Trust appointed to four further VSM positions as part of the senior operational restructure. These posts operate at a sub-Board level.

For further details please see the Remuneration Report table.

Non-Executive Directors

During the year, the trust had the following non-executive directors in place:

- Five non-executive directors on non-executive pay bands
- Chair of the Trust Board on Chair pay band
- One associate non-executive director (to 24th March 2024)

Whilst non-executive directors and the Trust Board Chair are senior managers of the organisation, they are not trust staff and their terms and conditions are determined by NHSE. During 2023/24, the terms of office for one non-executive director ended on 24th March 2024. The associate non-executive director commenced with the trust on 1st April 2023 and was appointed non-executive director from 25th March 2024 by NHS England.

For further details please see the Remuneration Report table.

Senior Manager by Band

The trust's definition of a senior manager is the chief executive and director posts. For a breakdown of salary bands, please refer to the Salaries and Allowances detailed within the Remuneration Report.

Staff Numbers and costs (subject to audit)

The breakdown of staff at 31 March 2024 is as follows:

	Permanent Number	Other Number	Total Number
Medical and dental	4	-	**4**
Ambulance staff	5,978	-	**5,978**
Administration and estates	660	6	**666**
Healthcare assistants and other support staff	100	20	**120**
Nursing, midwifery, and health visiting staff	105	15	**120**
Scientific, therapeutic, and technical staff	2	-	**2**
Total average numbers	**6,849**	**41**	**6,890**

Staff Composition and Staff Policies

NWAS continues aiming towards having a workforce which is representative of the communities we serve across the North West and being an employer of choice for all.

As required within the NHS contract, the trust published the Workforce Race Equality Standard (WRES) data in May 2023, in line with the national deadlines. Of the nine WRES indicators in total, six areas show positive improvements. While this improvement is positive, the data indicates that further work is required. The headcount of BAME staff saw a slight increase over the last year, increasing from 325 at the end March 2022 to 365 at the end of March 2023 equating to an increase of 0.4% from 4.8% to 5.2% of the overall workforce. This reflects the highest percentage of BME staff over the last 4 years. The trust is committed to developing a representative workforce of the communities we serve, thereby improving the overall BAME representation within our employee numbers. An action plan is in place and with assurance provided on a regular basis to the Diversity and Inclusion Sub Committee.

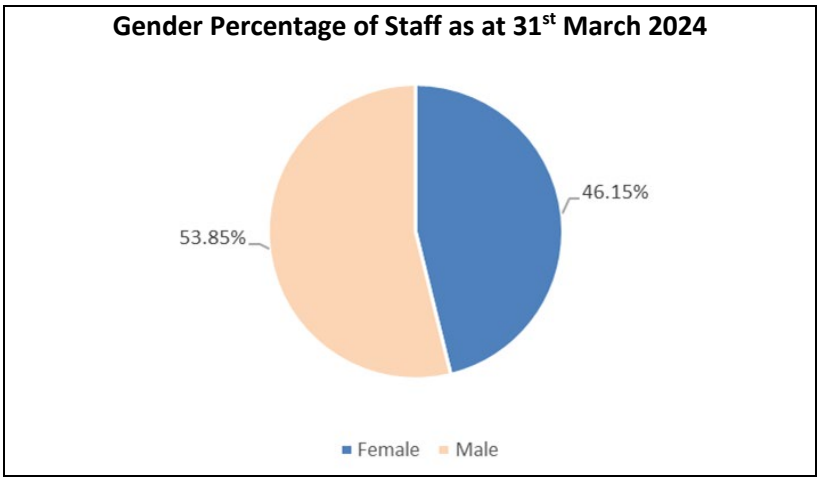
Gender Pay Gap reporting up to end March 2023 (which is the data published during 2024) shows that the gap in the hourly rate of pay between male and female staff increased from 9.8% in March 2022 to 10.63% in March 2023 (using the average calculation) and from 8.6% to 10.52% using the median calculation. The average hourly rate for male and for female staff increased during the same period. Progression into the highest paid roles is also dependent on vacancies created through the year which require recruitment and this impacts on the ability to close the gender pay gap.

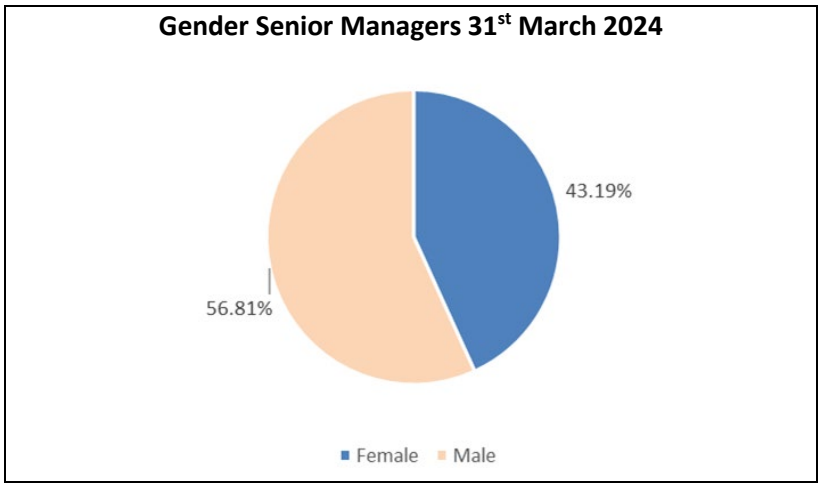
This is the fifth year of reporting Workforce Disability Equality Standard (WDES) data. The data published in 2023 showed an overall increase in the representation in most levels of the organisation, along with an increase in recruitment metrics with more applicants with a disability progressing to the shortlisting and appointment stages than the previous year. The results indicate a mixed picture in relation to the comparative experience of disabled staff, with good improvements in the experience of disabled staff in relation to the trust making reasonable adjustments for their role and also providing career progression opportunities. However, there is a worsening of the number of disabled staff entering the performance management process when compared to non-disabled staff and a decrease in the number of staff who feel valued by the organisation. Work to support the experience of disabled staff has continued focus to understand how the trust can support and engage with our disabled staff.

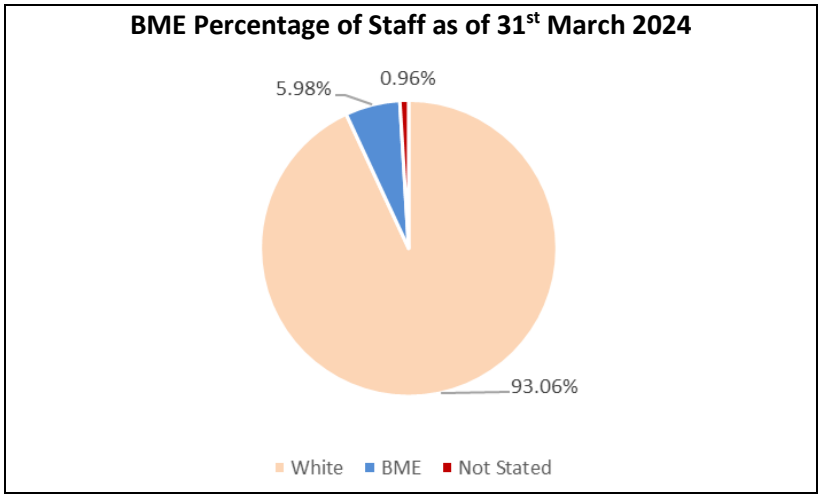
The actions under the ED&I priorities seek to ensure improvement for all diverse groups and there will be continued work with the Staff Networks to ensure that specific actions for our disabled, BME and female staff are identified and addressed.

The WRES, WDES and gender pay gap data reflect the ongoing work to support minority groups and address inequalities in the workplace. Whilst there has been some worsening of the position

with some of the data, the continued focus on the data will help to develop actions to support improvement.







Sickness Absence Data

Total days lost in 2023/24 due to sickness is 126,406 averaging 18.7 days per 1 full time equivalent.

Staff Turnover Percentage

The turnover percentage for permanent and fixed term employees up to 31 March 2024 was 10.49%.

Trade Union Facility Time

The Trade Union (Facility Time Publication Requirements) Regulations 2017 came into force on 1 April 2017. The regulations require public sector employers to publish information on how much time is spent by their union officials on paid 'trade union facility time' and is detailed for 2023/24 in the tables below:

Number of employees who were relevant union officials during the relevant period
109

Full time Equivalent employee number
103.36

Percentage of Time Spent on Facility Time	
Percentage of time	No of employees
0%	16
1-50%	82
51%-99%	1
100%	10

Percentage of Pay Bill Spent on Facility Time	
First Column	Figures
Provide the total cost of facility time	£620,183
Provide the total pay bill	£351,166,000
Provide the % of the total pay bill spent on facility time, calculated as: (total cost of facility time/ total pay bill x 100)	0.2%

Paid Trade Union Activities
Time spent on paid trade union activities as a percentage of total paid facility time hours calculated as: (total hours spent on paid trade union activities by relevant union officials during the relevant period/ total paid facility time hours x 100)
0.0%

Expenditure on Consultancy

The were no consultancy costs during 2023/24.

Ill Health Retirements

During 23/24 there were 17 early retirements from the trust agreed on the grounds of ill-health (10 in the year ended 31 March 2023). The estimated additional pension liabilities of these ill-health retirements is £1,145k (£435k in 2022/23).

Off-Payroll Engagements

There are no off-payroll engagements to disclose during 23/24.

Exit Packages (Subject to Audit)

There were no exit packages during 23/24.

Independent auditor's report to the Directors of North West Ambulance Service NHS Trust

Report on the audit of the financial statements

Opinion on the financial statements

We have audited the financial statements of North West Ambulance Service NHS Trust ('the Trust') for the year ended 31 March 2024, which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows, and notes to the financial statements, including material accounting policy information. The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual 2023/24 as contained in the Department of Health and Social Care Group Accounting Manual 2023/24, and the Accounts Direction issued by the Secretary of State with the approval of HM Treasury as relevant to NHS Trusts in England.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2024 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2023/24; and
- have been properly prepared in accordance with the requirements of the National Health Service Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities section of our report. We are independent of the Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the Directors' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, and taking into account the requirements of the Department of Health and Social Care Group Accounting Manual, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Trust's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the Directors with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. The Directors are responsible for the other information. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Responsibilities of the Directors and the Accountable Officer for the financial statements
As explained more fully in the Statement of Directors' Responsibilities, the Directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view. The Directors are required to comply with the Department of Health and Social Care Group Accounting Manual 2023/24 and prepare the financial statements on a going concern basis, unless the Trust is informed of the intention for dissolution without transfer of services or function to another public sector entity. The Directors are responsible for assessing each year whether or not it is appropriate for the Trust to prepare its accounts on the going concern basis and disclosing, as applicable, matters related to going concern.

As explained in the Statement of the Chief Executive's Responsibilities as the Accountable Officer of the Trust, the Accountable Officer is responsible for such internal control as the Accountable Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error. The Accountable Officer is responsible for ensuring that the financial statements are prepared in a format directed by the Secretary of State.

Auditor's responsibilities for the audit of the financial statements
Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. Based on our understanding of the Trust, we identified that the principal risks of non-compliance with laws and regulations related to the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012), and we considered the extent to which non-compliance might have a material effect on the financial statements.

To help us identify instances of non-compliance with these laws and regulations, and in identifying and assessing the risks of material misstatement in respect to non-compliance, our procedures included, but were not limited to:

- inquiring with management and the Audit Committee, as to whether the Trust is in compliance with laws and regulations, and discussing their policies and procedures regarding compliance with laws and regulations;

- communicating identified laws and regulations throughout our engagement team and remaining alert to any indications of non-compliance throughout our audit; and
- considering the risk of acts by the Trust which were contrary to applicable laws and regulations, including fraud.

We evaluated the Accountable Officer's incentives and opportunities for fraudulent manipulation of the financial statements (including the risk of override of controls) and determined that the principal risks were related to posting manual journal entries to manipulate financial performance, management bias through judgements and assumptions in significant accounting estimates, and significant one-off or unusual transactions.

Our audit procedures in relation to fraud included but were not limited to:

- making enquiries of management and the Audit Committee on whether they had knowledge of any actual, suspected or alleged fraud;
- gaining an understanding of the internal controls established to mitigate risks related to fraud;
- discussing amongst the engagement team the risks of fraud; and
- addressing the risks of fraud through management override of controls by performing journal entry testing.

There are inherent limitations in the audit procedures described above and the primary responsibility for the prevention and detection of irregularities including fraud rests with management and the Audit Committee. As with any audit, there remained a risk of non-detection of irregularities, as these may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal controls.

We are also required to conclude on whether the Directors' use of the going concern basis of accounting in the preparation of the financial statements is appropriate. We performed our work in accordance with Practice Note 10: Audit of financial statements and regularity of public sector bodies in the United Kingdom, and Supplementary Guidance Note 01, issued by the Comptroller and Auditor General in February 2023.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Report on the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources

Matter on which we are required to report by exception

We are required to report to you if, in our opinion, we are not satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2024.

We have nothing to report in this respect.

Responsibilities of the Accountable Officer

As explained in the Statement of Accountable Officer's responsibilities, the Accountable Officer is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the Trust's resources.

Auditor's responsibilities for the review of arrangements for securing economy, efficiency and effectiveness in the use of resources

We are required under section 21 of the Local Audit and Accountability Act 2014 (as amended) to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources, and to report where we have not been able to satisfy ourselves that it has done so. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our work in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in January 2023.

Report on other legal and regulatory requirements

Opinion on other matters prescribed by the Code of Audit Practice

In our opinion:

- the parts of the Remuneration and Staff Report subject to audit have been properly prepared in accordance with the Accounts Direction made under the National Health Service Act 2006; and
- the other information published together with the audited financial statements in the Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception under the Code of Audit Practice

We are required to report to you if:

- in our opinion the Annual Governance Statement does not comply with the guidance issued by NHS Improvement; or
- we refer a matter to the Secretary of State under section 30 of the Local Audit and Accountability Act; or
- we issue a report in the public interest under section 24 and schedule 7(1) of the Local Audit and Accountability Act 2014; or
- we make a written recommendation to the Trust under section 24 and schedule 7(2) of the Local Audit and Accountability Act 2014.

We have nothing to report in respect of these matters.

Use of the audit report

This report is made solely to the Board of Directors of North West Ambulance Service NHS Trust, as a body, in accordance with part 5 of the Local Audit and Accountability Act 2014. Our audit work has been undertaken so that we might state to the Directors of the Trust those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Directors of the Trust, as a body, for our audit work, for this report, or for the opinions we have formed.

Certificate

We certify that we have completed the audit of North west Ambulance service NHS Trust in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.

Daniel Watson,

Audit Director
For and on behalf of Forvis Mazars

One St Peter's Square

Manchester

M2 3DE

21st June 2024

Annual Accounts 23/24

North West Ambulance Service NHS Trust

Annual accounts for the year ended 31 March 2024

Statement of Comprehensive Income

	Note	2023/24 £000	2022/23 £000
Operating income from patient care activities	3	498,362	479,483
Other operating income	4	13,634	13,211
Operating expenses	6,7,8	(513,266)	(497,760)
Operating surplus/(deficit) from continuing operations		**(1,270)**	**(5,066)**
Finance income	10	4,297	1,512
Finance expenses	11	(440)	49
PDC dividends payable		(498)	(827)
Net finance costs		**3,359**	**734**
Other gains / (losses)	12	(291)	37
Surplus / (deficit) for the year from continuing operations		**1,798**	**(4,295)**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	7	458	(32)
Revaluations	14, 15	1,541	645
Total comprehensive income / (expense) for the period		**3,797**	**(3,682)**

Financial performance (control total basis) is disclosed in note 36.

Statement of Financial Position

	Note	31 March 2024 £000	31 March 2023 £000
Non-current assets			
Intangible assets	13	1,450	2,218
Property, plant and equipment	14	109,536	104,379
Right of use assets	17	21,123	21,693
Investment property	17	-	160
Receivables	19	1,025	1,052
Total non-current assets		**133,134**	**129,502**
Current assets			
Inventories	18	884	1,096
Receivables	19	6,141	19,975
Non-current assets for sale and assets in disposal groups	21	1,126	0
Cash and cash equivalents	22	61,030	63,755
Total current assets		**69,181**	**84,826**
Current liabilities			
Trade and other payables	23	(51,090)	(66,772)
Borrowings	25	(3,319)	(3,149)
Provisions	26	(8,459)	(7,430)
Other liabilities	24	(2,844)	(2,873)
Total current liabilities		**(65,712)**	**(80,224)**
Total assets less current liabilities		**136,603**	**134,104**
Non-current liabilities			
Borrowings	25	(15,896)	(16,838)
Provisions	26	(13,786)	(14,662)
Total non-current liabilities		**(29,682)**	**(31,500)**
Total assets employed		**106,921**	**102,604**
Financed by			
Public dividend capital		112,091	111,571
Revaluation reserve		5,572	4,210
Income and expenditure reserve		(10,742)	(13,177)
Total taxpayers' equity		**106,921**	**102,604**

The notes on pages 5 to 31 form part of these accounts.

Name	Daren Mochrie
Position	Chief Executive
Date	19-Jun-24

Statement of Changes in Taxpayers Equity for the year ended 31 March 2024

	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2023 - brought forward	**111,571**	**4,210**	**(13,177)**	**102,604**
Other transfers between reserves	-	(637)	637	**-**
Impairments	-	458	-	**458**
Revaluations	-	1,541	-	**1,541**
Public dividend capital received	520	-	-	**520**
Taxpayers equity at 31 March 2024	**112,091**	**5,572**	**(10,742)**	**106,921**

Statement of Changes in Taxpayers Equity for the year ended 31 March 2023

	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2022 - brought forward	**109,165**	**4,215**	**(10,393)**	**102,987**
Implementation of IFRS 16 on 1 April 2022	-	-	893	**893**
Surplus/(deficit) for the year	-	-	(4,295)	**(4,295)**
Other transfers between reserves	-	(618)	618	**-**
Impairments	-	(32)	-	**(32)**
Revaluations	-	645	-	**645**
Public dividend capital received	2,406	-	-	**2,406**
Taxpayers equity at 31 March 2023	**111,571**	**4,210**	**(13,177)**	**102,604**

Information on reserves

Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the trust, is payable to the Department of Health, as the public dividend capital dividend.

Revaluation reserve

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Income and expenditure reserve

The balance of this reserve is the accumulated surpluses and deficits of the trust.

Statement of Cash Flows

	Note	2023/24 £000	2022/23 £000
Cash flows from operating activities			
Operating surplus / (deficit)		(1,270)	(5,066)
Non-cash income and expense:			
Depreciation and amortisation	6.1	21,710	20,303
Net impairments	7	3,664	8,856
(Increase) / decrease in receivables and other assets		13,797	(13,630)
(Increase) / decrease in inventories		212	198
Increase / (decrease) in payables and other liabilities		(16,601)	11,755
Increase / (decrease) in provisions		(95)	(4,073)
Net cash flows from / (used in) operating activities		**21,417**	**18,343**
Cash flows from investing activities			
Interest received		4,297	1,512
Purchase of intangible assets		(1,384)	(173)
Purchase of PPE and investment property		(23,168)	(21,483)
Sales of PPE and investment property		35	137
Initial direct costs or up front payments in respect of new right of use		(636)	(3)
Receipt of cash lease incentives (lessee)		-	1
Net cash flows from / (used in) investing activities		**(20,856)**	**(20,009)**
Cash flows from financing activities			
Public dividend capital received		520	2,406
Capital element of finance lease rental payments		(3,181)	(2,935)
Interest paid on finance lease liabilities		(191)	(200)
PDC dividend (paid) / refunded		(434)	(1,204)
Net cash flows from / (used in) financing activities		**(3,286)**	**(1,933)**
Increase / (decrease) in cash and cash equivalents		**(2,725)**	**(3,599)**
Cash and cash equivalents at 1 April - brought forward		**63,755**	**67,354**
Cash and cash equivalents at 31 March	23	**61,030**	**63,755**

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

NHS England has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2023/24 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts

Accounting convention
These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

Note 1.2 Going concern

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case.

Note 1.3 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).
Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Revenue from NHS contracts
The main source of income for the Trust is contracts with commissioners for health care services. Funding envelopes are set at an Integrated Care System (ICS) level. The majority of the Trust's NHS income is earned from NHS commissioners, and we continue to operate under a block contract arrangement which covers PES, 111, and PTS services.

NHS injury cost recovery scheme

The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when performance obligations are satisfied. In practical terms this means that treatment has been given, it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

Note 1.4 Other forms of income

Grants and donations
Government grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grants is used to fund capital expenditure, it is credited to the Statement of Comprehensive Income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

Apprenticeship service income
The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Note 1.5 Expenditure on employee benefits

Short-term employee benefits
Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employers, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment.

Note 1.6 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

Note 1.7 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes
- it is probable that future economic benefits will flow to, or service potential be provided to, the trust
- it is expected to be used for more than one financial year
- the cost of the item can be measured reliably
- the item has cost of at least £5,000, or

Note 1.7 Property, plant and equipment - Continued

Recognition

• collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, eg, plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (ie operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

Valuation guidance issued by the Royal Institute of Chartered Surveyors states that valuations are performed net of VAT where the VAT is recoverable by the entity.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Assets are revalued and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as ‘held for sale’ cease to be depreciated upon the reclassification. Assets in the course of construction are not depreciated until the asset is brought into use or reverts to the trust, respectively.

Note 1.7 Property, plant and equipment - Continued

Revaluation gains and losses
Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments
In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.
Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

De-recognition
Assets intended for disposal are reclassified as 'held for sale' once the criteria in IFRS 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition.
Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated and grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of

This includes assets donated to the trust by the Department of Health and Social Care or NHS England as part of the response to the coronavirus pandemic. As defined in the GAM, the trust applies the principle of donated asset accounting to assets that the trust controls and is obtaining economic benefits from at the year end.

Note 1.7 Property, plant and equipment - Continued

Useful lives of property, plant and equipment

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	Max life Years
Land	-	-
Buildings, excluding dwellings	3	69
Plant & machinery	5	25
Transport equipment	5	14
Information technology	3	15
Furniture & fittings	2	20

Note 1.8 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised. Expenditure on development is capitalised where it meets the requirements set out in IAS 38.

Software

Software which is integral to the operation of hardware, eg an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, eg application software, is capitalised as an intangible asset.

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.Intangible assets held for sale are measured at the lower of their carrying amount or fair value less costs to sell.

Amortisation

Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

Useful lives of intangible assets

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of

	Min life Years	Max life Years
Software licences	1	8

Note 1.9 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the first in, first out (FIFO) method.
The Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department.

Note 1.10 Investment properties
Investment properties are measured at fair value. Changes in fair value are recognised as gains or losses in income/expenditure.

Only those assets which are held solely to generate a commercial return are considered to be investment properties. Where an asset is held, in part, for support service delivery objectives, then it is considered to be an item of property, plant and equipment. Properties occupied by employees, whether or not they pay rent at market rates, are not classified as investment properties.

Note 1.11 Cash and cash equivalents
Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

Note 1.12 Financial assets and financial liabilities

Recognition
Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

Classification and measurement
Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets or financial liabilities in respect of assets acquired or disposed of through leasing arrangements are recognised and measured in accordance with the accounting policy for leases described below.

Financial assets are classified as subsequently measured at amortised cost.

Financial liabilities classified as subsequently measured at amortised cost.

Note 1.12 Financial assets and financial liabilities - Continued

Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense.

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets , the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

De-recognition

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Note 1.13 Leases

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration. An adaptation of the relevant accounting standard by HM Treasury for the public sector means that for NHS bodies, this includes lease-like arrangements with other public sector entities that do not take the legal form of a contract. It also includes peppercorn leases where consideration paid is nil or nominal (significantly below market value) but in all other respects meet the definition of a lease. The trust does not apply lease accounting to new contracts for the use of intangible assets.

The Trust determines the term of the lease term with reference to the non-cancellable period and any options to extend or terminate the lease which the Trust is reasonably certain to exercise.

The Trust as a lessee

Recognition and initial measurement

At the commencement date of the lease, being when the asset is made available for use, the Trust recognises a right of use asset and a lease liability.

The right of use asset is recognised at cost comprising the lease liability, any lease payments made before or at commencement, any direct costs incurred by the lessee, less any cash lease incentives received. It also includes any estimate of costs to be incurred restoring the site or underlying asset on completion of the lease term.

Note 1.13 Leases - Continued

The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments includes fixed lease payments, variable lease payments dependent on an index or rate and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised.

Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 3.51% applied to new leases commencing in 2023 and 4.72% to new leases commencing in 2024.

The Trust does not apply the above recognition requirements to leases with a term of 12 months or less or to leases where the value of the underlying asset is below £5,000, excluding any irrecoverable VAT. Lease payments associated with these leases are expensed on a straight-line basis over the lease term or other systematic basis. Irrecoverable VAT on lease payments is expensed as it falls due.

Subsequent measurement

As required by a HM Treasury interpretation of the accounting standard for the public sector, the Trust employs a revaluation model for subsequent measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset.
The Trust subsequently measures the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease term, lease modifications or to reflect actual changes in lease payments. Such remeasurements are also reflected in the cost of the right of use asset. Where there is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease payments.

The Trust as a lessor
The Trust assesses each of its leases and classifies them as either a finance lease or an operating lease. Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

Where the Trust is an intermediate lessor, classification of the sublease is determined with reference to the right of use asset arising from the headlease.

Finance leases
Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

Operating leases

Income from operating leases is recognised on a straight-line basis or another systematic basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Initial application of IFRS 16 in 2022/23
IFRS 16 Leases as adapted and interpreted for the public sector by HM Treasury was applied to these financial statements with an initial application date of 1 April 2022. IFRS 16 replaced *IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease* and other interpretations.

The standard was applied using a modified retrospective approach with the cumulative impact recognised in the income and expenditure reserve on 1 April 2022. Upon initial application, the provisions of IFRS 16 were only applied to existing contracts where they were previously deemed to be a lease or contain a lease under IAS 17 and IFRIC 4. Where existing contracts were previously assessed not to be or contain a lease, these assessments were not revisited.

Note 1.13 Leases - Continued

The Trust as lessee

For continuing leases previously classified as operating leases, a lease liability was established on 1 April 2022 equal to the present value of future lease payments discounted at the Trust's incremental borrowing rate of 0.95%. A right of use asset was created equal to the lease liability and adjusted for prepaid and accrued lease payments and deferred lease incentives recognised in the Statement of Financial Position immediately prior to initial application. Hindsight was used in determining the lease term where lease arrangements contained options for extension or earlier termination.

All new leases are reviewed to determine whether they fall under IFRS 16. Any lease that falls under IFRS16 is recorded in accordance with the standard, creating a right of use asset equal in value to the lease liability adjusted for any upfront payments, rent free periods etc. Unless specified in the lease, the Trust uses the incremental borrowing rate determined by H M Treasury (for calendar year 2023 - 3.51% and 2024 - 4.72%) as the discount factor.

No adjustments were made on initial application in respect of leases with a remaining term of 12 months or less from 1 April 2022 or for leases where the underlying assets had a value below £5,000. No adjustments were made in respect of leases previously classified as finance leases.

Note 1.14 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective from 31 March 2024:

		Nominal rate	Prior year rate
Short-term	Up to 5 years	4.26%	3.27%
Medium-term	After 5 years up to 10 years	4.03%	3.20%
Long-term	After 10 years up to 40 years	4.72%	3.51%
Very long-term	Exceeding 40 years	4.40%	3.00%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective from 31 March 2024:

	Inflation rate	Prior year rate
Year 1	3.60%	7.40%
Year 2	1.80%	0.60%
Into perpetuity	2.00%	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's post-employment benefits discount rate of 2.45% in real terms (prior year: 1.70%).

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the trust is disclosed at Note 29 but is not recognised in the Trust's accounts.

Note 1.14 Provisions - Continued

Non-clinical risk pooling

The trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses when the liability arises.

Note 1.15 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in Note 28 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in Note 28, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

• possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or

• present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.16 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

The Secretary of State can issue new PDC to, and require repayments of PDC from, the trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined by the Department of Health and Social Care.

This policy is available at https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts.
In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Note 1.17 Value added tax

Most of the activities of the trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

Note 1.18 Climate change levy

Expenditure on the climate change levy is recognised in the Statement of Comprehensive Income as incurred, based on the prevailing chargeable rates for energy consumption.

Note 1.19 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis.

The losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

Note 1.20 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2023/24.

Note 1.21 Standards, amendments and interpretations in issue but not yet effective or adopted

IFRS 17 Insurance Contracts - the standard is effective for accounting periods beginning on or after 1 January 2023. IFRS17 is adopted by FreM from 1 April 2025. Early adoption is not permitted.

IFRS 14 Regulatory Deferral Accounts: Not yet European Union-endorsed. Applies to first time adopters of IFRS after 1 January 2016. Therefore not applicable to DH group bodies.

IFRS18, presentation and disclosure in financial statements - the standard is not adopted by FReM yet. Expected to be effective for an entity's first annual IFRS financial statements for periods beginning on or after 1 January 2027 Early adoption is not permitted.

Note 1.22 Critical judgements in applying accounting policies

The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the trust accounting policies and that have the most significant effect on the amounts recognised in the financial statements.

Lease Accounting under IFRS16

Management has determined that assets are valued on a cost basis because leases either contain frequent regular rent reviews or linked to RPI.

Note 1.23 Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

Revaluation of Property, Plant and Equipment

The valuation exercise was carried out in March 2024 with a valuation date of 31 March 2024. In applying the Royal Institute of Chartered Surveyors (RICS) Valuation Global Standards 2022 ('Red Book').

Properties are revalued on periodic basis and tested annually for indicators of impairment. Judgements are required to make an assessment as to whether there is an indication of impairment. This includes examination of capital expenditure incurred in financial year to ascertain whether or not it has resulted in an increase in value of an asset. Advice has been provided by valuers employed by the Trust. If the actual results differ from the assumptions the value of PPE will be over or understated.

Carrying value of Trust's land and buildings at 31 March 2024 is £41m. If the valuation of land and building would have increased by 10% then the value would have been £4m higher.

Note 2 Operating Segments

The Trust has judged that it only operates as one business segment, that of healthcare.

98% (£503m) of the Trust's income in 2023/24 (2022/23 £483m, 98%) is received from NHS organisations such as Commissioners for NHS patient care services.

Note 3 Operating income from patient care activities

All income from patient care activities relates to contract income recognised in line with accounting policy 1.3.

Note 3.1 Income from patient care activities (by nature)	**2023/24**	**2022/23**
	£000	**£000**
A & E income	389,444	361,445
Patient transport services income	51,931	45,823
Other income	41,776	43,525
National pay award central funding**	-	14,600
Additional pension contribution central funding*	15,211	14,090
Total income from activities	**498,362**	**479,483**

* The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. Since 2019/20, NHS providers have continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

** In March 2023 the government announced an additional pay offer for 2022/23, in addition to the pay award earlier in that year. Additional funding was made available by NHS England for implementing this pay offer for 2022/23 and the income and expenditure was included in these accounts as guided by the Department of Health and Social Care and NHS England. In May 2023 the government confirmed this offer will be implemented as a further pay award in respect of 2022/23 based on individuals in employment at 31 March 2023.

Note 3.2 Income from patient care activities (by source)

	2023/24	**2022/23**
Income from patient care activities received from:	**£000**	**£000**
NHS England	15,288	29,985
Clinical commissioning groups*		111,921
Integrated care boards	481,734	336,282
Department of Health and Social Care	90	125
Other NHS providers	188	157
Local authorities	9	-
Injury cost recovery scheme	642	622
Non NHS: other	411	391
Total income from activities	**498,362**	**479,483**
Of which:		
Related to continuing operations	498,362	479,483

* In 2022/23 Clinical Commissioning Groups ceased to exist on 30 June 2022 and Integrated Care Boards were created from 1 July 2022.

Note 4 Other operating income	**2023/24**			**2022/23**		
	Contract income	**Non-contract income**	**Total**	**Contract income**	**Non-contract income**	**Total**
	£000	**£000**	**£000**	**£000**	**£000**	**£000**
Education and training	6,449	-	**6,449**	5,803	-	**5,803**
Non-patient care services to other bodies	1,967		**1,967**	2,321		**2,321**
Charitable and other contributions to expenditure		2,171	**2,171**		2,470	**2,470**
Other income	3,047	-	**3,047**	2,617	-	**2,617**
Total other operating income	**11,463**	**2,171**	**13,634**	**10,741**	**2,470**	**13,211**
Of which:						
Related to continuing operations			13,634		-	13,211

Note 5.1 Additional information on contract revenue (IFRS 15) recognised in the period

	2023/24	**2022/23**
	£000	**£000**
Revenue recognised in the reporting period that was included within contract liabilities at the previous period end	2,873	3,989

Note 5.2 Transaction price allocated to remaining performance obligations

Revenue from existing contracts allocated to remaining performance obligations is expected to be recognised:	31 March 2024 £000	31 March 2023 £000
within one year	2,843	2,873
Total revenue allocated to remaining performance obligations	**2,843**	**2,873**

The trust has exercised the practical expedients permitted by IFRS 15 paragraph 121 in preparing this disclosure. Revenue from (i) contracts with an expected duration of one year or less and (ii) contracts where the trust recognises revenue directly corresponding to work done to date is not disclosed.

Note 6.1 Operating expenses

	2023/24 £000	2022/23 £000
Purchase of healthcare from non-NHS and non-DHSC bodies	3,599	3,480
Staff and executive directors costs	363,159	352,732
Remuneration of non-executive directors	145	130
Supplies and services - clinical (excluding drugs costs)	6,673	5,499
Supplies and services - general	3,305	3,005
Drug costs (drugs inventory consumed and purchase of non-invento	1,972	1,715
Consultancy costs	-	30
Establishment	12,822	10,467
Premises	22,897	19,903
Transport (including patient travel)	59,192	61,299
Depreciation on property, plant and equipment	20,975	19,891
Amortisation on intangible assets	735	412
Net impairments	3,664	8,856
Movement in credit loss allowance: contract receivables / contract as	53	64
Change in provisions discount rate(s)	(388)	(3,654)
Fees payable to the external auditor		
audit services- statutory audit*	93	87
Internal audit costs	99	92
Clinical negligence	3,493	3,525
Legal fees	618	551
Insurance	4	4
Education and training	9,839	8,631
Expenditure on short term leases	186	401
Hospitality	13	11
Losses, ex gratia & special payments**	(16)	492
Other	134	137
Total	**513,266**	**497,760**
Of which:		
Related to continuing operations	513,266	497,760

* Statutory Audit fees include 20% of non-recoverable VAT. Net audit fees are £78k (22/23 £73k).

** Losses line contains benefits relating to release some of the pension injury benefits provision.

Note 6.2 Limitation on auditor's liability

There is no limitation on auditor's liability for external audit work carried out for the financial years 2023/24 or 2022/23.

Note 7 Impairment of assets

	2023/24 £000	2022/23 £000
Net impairments charged to operating surplus / deficit resulting from:		
Unforeseen obsolescence	901	151
Changes in market price	2,763	8,705
Total net impairments charged to operating surplus / deficit	**3,664**	**8,856**
Impairments charged to the revaluation reserve	(458)	32
Total net impairments	**3,206**	**8,888**

The Standard's requirement to take impairments in all cases to reserves in the first instance does not apply.
Where impairments are posted to the revenue account and a revaluation reserve balance does exist, a transfer is to be made from Revaluation Reserve to the General Fund/I&E Reserve. That transfer will be the lower of the total impairment or the balance available on the Revaluation Reserve. In 2023/24 four types of assets that suffered an impairment are estates, ICT, furniture and vehicles. The 2023/24 impairment on estates is attributable to the revaluation of estates. The revaluation impairment is due to the price variation and not consumption of economic value.

In order to establish the correct estates value the Trust had its assets revalued as at 31 March 2024. Land and buildings were revalued at £41,364k which is £1,423k lower than the carrying value on the Statement of Financial Position (SOFP). This created an increase in revaluation reserve of £1,432k and a charge to operating expenses of £2,855k. The figures above include investment properties (Fair value adjustment £160k as per Note 18) and the new cumbria workshop which is currently under construction.

During 2023/24 3 properties were made available for sale. They are 3 stations as per note 22. Prior to becoming Held for Sale an valuation review was carried and they were revalued to their market value which resulted in an increase in their value. This resulted in £117k reversal in impairments.

A number of vehicles were impaired due to changes in their Market Value, the total value of these impairments was £187k. In addition IT equipment was impaired due to unforeseen obsolescence of £895k and Furniture and Fittings of £6k.

Note 8 Employee benefits

	2023/24 Total £000	2022/23 Total £000
Salaries and wages	284,140	277,514
Social security costs	30,930	27,930
Apprenticeship levy	1,492	1,312
Employer's contributions to NHS pensions	50,077	46,249
Temporary staff (including agency)	1,723	3,994
Total gross staff costs	**368,362**	**356,999**

Note 8.1 Retirements due to ill-health

During 2023/24 there were 17 early retirements from the trust agreed on the grounds of ill-health (10 in the year ended 31 March 2023). The estimated additional pension liabilities of these ill-health retirements is £1,145k (£435k in 2022/23).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

Note 9 Pension costs

Past and present employees are covered by the provisions of the NHS Pension Schemes. Details of the benefits payable and rules of the schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

The next year's pensions contribution is estimated to be £52.12m.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2024, is based on valuation data as 31 March 2023, updated to 31 March 2024 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from April 2024. The Department of Health and Social Care has recently laid Scheme Regulations confirming the employer contribution rate will increase to 23.7% of pensionable pay from 1 April 2024 (previously 20.6%). The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

Note 9.1 National Employment Savings Pension Scheme (NEST)

Under the Pensions Act 2008 employers must offer a pension scheme to all its employees. As from the 1 July 2013 when the scheme came into operation in the Trust (its staging date), staff who are not eligible to join the NHS Pension Scheme are automatically enrolled into NEST. The scheme is a defined contribution pension scheme. Under a defined contribution plan, an entity pays fixed contributions to a separate entity (a fund) and has no obligation to pay further contributions if the fund does not hold sufficient assets to pay employee benefits.

Contributions payable to a defined contribution plan are recognised as an expense as the employee provides services in exchange for the contribution. The Trust contributes 1% of their pensionable pay. The total contribution by the Trust for 2023/24 has been fully charged to expenses in the period. Details of the scheme can be found on the NEST Pensions website at: http://www.nestpensions.org.uk

Note 10 Finance income

Finance income represents interest received on assets and investments in the period.

	2023/24 £000	2022/23 £000
Interest on bank accounts	4,297	1,512

Note 11 Finance expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

Interest expense:	2023/24 £000	2022/23 £000
Interest on lease obligations	192	200
Unwinding of discount on provisions	248	(249)
Total finance costs	**440**	**(49)**

Note 12 Other gains / (losses)

	2023/24 £000	2022/23 £000
Gains on disposal of assets	32	37
Losses on disposal of assets	(163)	-
Total gains / (losses) on disposal of assets	**(131)**	**37**
Fair value gains / (losses) on investment properties	(160)	-
Total other gains / (losses)	**(291)**	**37**

Note 13 Intangible assets - 2023/24

	Software licences	Intangible assets under construction	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2023 - brought forward	**6,962**	**-**	**6,962**
Additions	(33)	-	**(33)**
Valuation / gross cost at 31 March 2024	**6,929**	**-**	**6,929**
Amortisation at 1 April 2023 - brought forward	**4,744**	**-**	**4,744**
Provided during the year	735	-	**735**
Amortisation at 31 March 2024	**5,479**	**-**	**5,479**
Net book value at 31 March 2024	**1,450**	**-**	**1,450**
Net book value at 1 April 2023	**2,218**	**-**	**2,218**

Note 13.1 Intangible assets - 2022/23

	Software licences	Intangible assets under construction	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2022 - as previously stated	**5,359**	**13**	**5,372**
Additions	1,590	-	**1,590**
Reclassifications	13	(13)	**-**
Valuation / gross cost at 31 March 2023	**6,962**	**-**	**6,962**
Amortisation at 1 April 2022 - as previously stated	**4,332**	**-**	**4,332**
Provided during the year	412	-	**412**
Amortisation at 31 March 2023	**4,744**	**-**	**4,744**
Net book value at 31 March 2023	**2,218**	**-**	**2,218**
Net book value at 1 April 2022	**1,027**	**13**	**1,040**

Note 14.1 Property, plant and equipment - 2023/24

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2023 - brought forward	**13,413**	**28,469**	**8,681**	**19,717**	**67,110**	**32,305**	**5,107**	**174,802**
Additions	-	3,509	18,748	587	859	1,577	195	**25,475**
Impairments	(95)	(490)	-	-	-	-	-	**(585)**
Reversals of impairments	392	651	-	-	-	-	-	**1,043**
Revaluations	350	(3,703)	(120)	-	-	-	-	**(3,473)**
Reclassifications	-	-	(12,049)	2,737	9,312	-	-	**-**
Transfers to / from assets held for sale	(260)	(841)	-	-	(6,235)	-	-	**(7,336)**
Disposals / derecognition	-	-	-	(1,291)	(99)	(3,280)	(74)	**(4,744)**
Valuation/gross cost at 31 March 2024	**13,800**	**27,595**	**15,260**	**21,750**	**70,947**	**30,602**	**5,228**	**185,182**
Accumulated depreciation at 1 April 2023 - brought forward	**-**	**50**	**-**	**12,148**	**37,497**	**17,758**	**2,970**	**70,423**
Provided during the year	-	2,619	-	1,667	8,210	4,599	425	**17,520**
Impairments	-	4,137	324	-	187	895	6	**5,549**
Reversals of impairments	(312)	(1,573)	-	-	-	-	-	**(1,885)**
Revaluations	246	(4,936)	(324)	-	-	-	-	**(5,014)**
Transfers to / from assets held for sale	66	(41)	-	-	(6,235)	-	-	**(6,210)**
Disposals / derecognition	-	-	-	(1,291)	(92)	(3,280)	(74)	**(4,737)**
Accumulated depreciation at 31 March 2024	**-**	**256**	**-**	**12,524**	**39,567**	**19,972**	**3,327**	**75,646**
Net book value at 31 March 2024	**13,800**	**27,339**	**15,260**	**9,226**	**31,380**	**10,630**	**1,901**	**109,536**
Net book value at 1 April 2023	**13,413**	**28,419**	**8,681**	**7,569**	**29,613**	**14,547**	**2,137**	**104,379**

Note 14.2 Property, plant and equipment - 2022/23

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2022 - as previously stated	**14,931**	**27,254**	**6,775**	**22,032**	**67,624**	**27,447**	**5,065**	**171,128**
IFRS 16 implementation - reclassification of existing finance leased assets to right of use assets	(118)	-	-	-	-	-	-	**(118)**
Additions	-	2,331	20,078	154	19	1,067	186	**23,835**
Impairments	-	(304)	-	-	-	-	-	**(304)**
Reversals of impairments	-	272	-	-	-	-	-	**272**
Revaluations	(1,400)	(2,612)	(5,995)	-	-	-	-	**(10,007)**
Reclassifications	-	1,948	(12,177)	596	5,732	3,791	110	**-**
Transfers to / from assets held for sale	-	-	-	-	(5,976)	-	-	**(5,976)**
Disposals / derecognition	-	(420)	-	(3,065)	(289)	-	(254)	**(4,028)**
Valuation/gross cost at 31 March 2023	**13,413**	**28,469**	**8,681**	**19,717**	**67,110**	**32,305**	**5,107**	**174,802**
Accumulated depreciation at 1 April 2022 - as previously stated	**-**	**57**	**-**	**13,532**	**35,284**	**13,759**	**2,844**	**65,476**
Provided during the year	-	2,742	-	1,535	7,996	3,995	380	**16,648**
Impairments	1,400	2,096	5,995	146	382	4	-	**10,023**
Reversals of impairments	-	(1,167)	-	-	-	-	-	**(1,167)**
Revaluations	(1,400)	(3,257)	(5,995)	-	-	-	-	**(10,652)**
Transfers to / from assets held for sale	-	-	-	-	(5,976)	-	-	**(5,976)**
Disposals / derecognition	-	(420)	-	(3,065)	(189)	-	(254)	**(3,928)**
Accumulated depreciation at 31 March 2023	**-**	**50**	**-**	**12,148**	**37,497**	**17,758**	**2,970**	**70,423**
Net book value at 31 March 2023	**13,413**	**28,419**	**8,681**	**7,569**	**29,613**	**14,547**	**2,137**	**104,379**
Net book value at 1 April 2022	**14,931**	**27,198**	**6,775**	**8,500**	**32,340**	**13,688**	**2,221**	**105,653**

Note 14.3 Property, plant and equipment financing - 31 March 2024

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	13,800	27,339	15,260	8,698	31,380	10,630	1,901	**109,008**
Owned - donated/granted	-	-	-	528	-	-	-	**528**
Total net book value at 31 March 2024	**13,800**	**27,339**	**15,260**	**9,226**	**31,380**	**10,630**	**1,901**	**109,536**

Note 14.4 Property, plant and equipment financing - 31 March 2023

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	13,413	28,419	8,681	6,923	29,613	14,547	2,137	**103,733**
Owned - donated/granted	-	-	-	646	-	-	-	**646**
Total net book value at 31 March 2023	**13,413**	**28,419**	**8,681**	**7,569**	**29,613**	**14,547**	**2,137**	**104,379**

Note 15 Revaluations of property, plant and equipment

Under current rules all NHS bodies must have completed a full property revaluation every 5 years by 31 March, and that the most recent full valuation must be, for specialised property, on a MEA basis.

This year the Trust's land and building assets were revalued by desktop exercise as at the 31 March 2024, using an independent external valuer Deloitte LLP. A full revaluation exercise was undertaken in 2019/20 as part of the 5 year full revaluation cycle. The revaluation exercise was undertaken by the valuers who visited each of Trust's properties in order to establish the fair value of the Trust's estates as at the 31 March 2020. This year 2 sites were inspected where the largest capital investment was undertaken in year. The basis of valuation for all assets under IFRS is Fair Value. Assets that are classified as (Property, Plant and Equipment) PPE and have been valued to Fair Value assuming a continuation of their existing use. This is synonymous with Existing Use Value in the Red Book. The valuation is fully compliant with the requirements of the RICS Valuation Standards - Global Standard 2022 including UK national supplement ("The Red Book"). The signatory to the valuation is Philip Parnel MRICS Partner at Deloitte LLP.

All properties categorised as PPE have been split into land and buildings, and a remaining economic life provided. The componentisation elements of each building have been

- Structure;
- Windows and Doors;
- External Works;
- Roof; and
- Services, fixtures and fittings.

Where provided, the valuers have relied on the site areas from North West Ambulance Service NHS Trust (NWAS).

The properties were inspected internally and where access was not possible, properties were inspected externally.

The estimated useful lives of the Trust's property, plant and equipment are as follows:

	(Years)	(Years)
Buildings	3	69
Plant & Machinery	5	25
Transport Equipment	5	14
Information Technology	3	15
Furniture and Fittings	2	20

Note 16.1 Right of use assets - 2023/24

	Property (land and buildings)	Transport equipment	Total	Of which: leased from DHSC group bodies
	£000	£000	£000	£000
Valuation / gross cost at 1 April 2023 - brought forward	**19,737**	**5,189**	**24,926**	**3,363**
Additions	227	2,750	**2,977**	105
Remeasurements of the lease liability	593	-	**593**	255
Disposals / derecognition	(739)	-	**(739)**	(174)
Valuation/gross cost at 31 March 2024	**19,818**	**7,939**	**27,757**	**3,549**
Accumulated depreciation at 1 April 2023 - brought forward	**1,697**	**1,536**	**3,233**	**373**
Provided during the year	1,741	1,714	**3,455**	389
Disposals / derecognition	(54)	-	**(54)**	(11)
Accumulated depreciation at 31 March 2024	**3,384**	**3,250**	**6,634**	**751**
Net book value at 31 March 2024	**16,434**	**4,689**	**21,123**	**2,798**
Net book value at 1 April 2023	**18,040**	**3,653**	**21,693**	**2,990**
Net book value of right of use assets leased from other NHS providers				526
Net book value of right of use assets leased from other DHSC group bodies				2,272

Note 16.2 Right of use assets - 2022/23

	Property (land and buildings)	Transport equipment	Total	Of which: leased from DHSC group bodies
	£000	£000	£000	£000
Valuation / gross cost at 1 April 2022 - brought forward	**-**	**-**	**-**	**-**
IFRS 16 implementation - reclassification of existing finance leased assets from PPE or intangible assets	118	-	**118**	-
IFRS 16 implementation - adjustments for existing operating leases / subleases	19,057	4,614	**23,671**	3,359
Additions	214	832	**1,046**	-
Remeasurements of the lease liability	356	(250)	**106**	4
Disposals / derecognition	(8)	(7)	**(15)**	-
Valuation/gross cost at 31 March 2023	**19,737**	**5,189**	**24,926**	**3,363**
forward	**-**	**-**	**-**	**-**
Provided during the year	1,705	1,538	**3,243**	373
Disposals / derecognition	(8)	(2)	**(10)**	-
Accumulated depreciation at 31 March 2023	**1,697**	**1,536**	**3,233**	**373**
Net book value at 31 March 2023	**18,040**	**3,653**	**21,693**	**2,990**
Net book value at 1 April 2022	**-**	**-**	**-**	**-**
Net book value of right of use assets leased from other NHS providers				655
Net book value of right of use assets leased from other DHSC group bodies				2,335

Note 16.3 Revaluations of right of use assets

Right of Use (ROU) assets are held at the cost model as it is an appropriate proxy to the current value in use due to the fact that most estates leases arrangements contain rental reviews to reflect market conditions.

Note 16.4 Reconciliation of the carrying value of lease liabilities

Lease liabilities are included within borrowings in the statement of financial position. A breakdown of borrowings is disclosed in note 25.1.

	2023/24 £000	2022/23 £000
Carrying value at 31 March	**19,987**	**77**
IFRS 16 implementation - adjustments for existing operating leases	-	21,700
Lease additions	2,341	1,044
Lease liability remeasurements	593	106
Interest charge arising in year	192	200
Early terminations	(526)	(5)
Lease payments (cash outflows)	(3,372)	(3,135)
Carrying value at 31 March	**19,215**	**19,987**

Lease payments for short term leases, leases of low value underlying assets and variable lease payments not dependent on an index or rate are recognised in operating expenditure.

These payments are disclosed in Note 6.1. Cash outflows in respect of leases recognised on-SoFP are disclosed in the reconciliation above.

Note 16.5 Maturity analysis of future lease payments

	Total 31 March 2024 £000	Of which leased from DHSC group bodies: 31 March 2024 £000	Total 31 March 2023 £000	Of which leased from DHSC group bodies: 31 March 2023 £000
Undiscounted future lease payments payable in:				
- not later than one year;	3,511	394	3,587	367
- later than one year and not later than five years;	5,976	713	6,069	879
- later than five years.	11,300	1,807	11,945	1,657
Total gross future lease payments	**20,787**	**2,914**	**21,601**	**2,903**
Finance charges allocated to future periods	(1,572)	(233)	(1,614)	(219)
Net lease liabilities at 31 March 2024	**19,215**	**2,681**	**19,987**	**2,684**
Of which:				
Leased from other NHS providers		530		491
Leased from other DHSC group bodies		2,151		2,193

Note 17 Investment Property

	2023/24 £000	2022/23 £000
Carrying value at 1 April - brought forward*	**160**	**160**
Movement in fair value	(160)	-
Carrying value at 31 March	**-**	**160**

Note 17.1 Investment property income and expenses

	2023/24 £000	2022/23 £000
Direct operating expense arising from investment property which generated rental income in the period	(15)	(2)
Total investment property expenses	**(15)**	**(2)**
Investment property income	87	90

Note 18 Inventories

	31 March 2024 £000	31 March 2023 £000
Drugs	102	112
Consumables	425	537
Energy	357	447
Total inventories	**884**	**1,096**
of which:		

Inventories recognised in expenses for the year were £1,133k (2022/23: £1,897k). Write-down of inventories recognised as expenses for the year were £0k (2022/23: £0k).

In response to the COVID 19 pandemic, the Department of Health and Social Care (DHSC) centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2023/24 the Trust received £78k of items purchased by DHSC (2022/23: £603k).

These inventories were recognised as additions to inventory at deemed cost with the corresponding benefit recognised in income. The utilisation of these items is included in the expenses disclosed above.

Note 19 Receivables

	31 March 2024 £000	31 March 2023 £000
Current		
Contract receivables*	2,529	16,869
Allowance for impaired contract receivables / assets	(804)	(765)
Prepayments (non-PFI)	2,561	2,813
PDC dividend receivable	347	411
VAT receivable	1,196	407
Other receivables	312	240
Total current receivables	**6,141**	**19,975**
Non-current		
Contract receivables	1,025	1,052
Total non-current receivables	**1,025**	**1,052**
Of which receivable from NHS and DHSC group bodies:		
Current	1,060	15,475

* In 2022/23 contract receivables included an amount of £14.6m owed to the Trust by NHS England relating to a pay deal agreed in 2023/24. This debt was paid to the Trust in June 2023.

Note 20.1 Allowances for credit losses

	2023/24 Contract receivables and contract assets £000	2022/23 Contract receivables and contract assets £000
Allowances as at 1 April - brought forward	**765**	**732**
New allowances arising	818	796
Reversals of allowances	(765)	(732)
Utilisation of allowances (write offs)	(14)	(31)
Allowances as at 31 March 2024	**804**	**765**

Note 20.2 Exposure to credit risk

As the majority of the Trusts income comes from contracts with other public sector bodies, the Trust has low exposure to credit risk.

Note 21 Non-current assets held for sale and assets in disposal groups

	2023/24 £000	2022/23 £000
NBV of non-current assets for sale and assets in disposal groups at 1 April	**-**	**-**
Assets classified as available for sale in the year	1,126	-
NBV of non-current assets for sale and assets in disposal groups at 31 March	**1,126**	**-**

There are 3 stations that are classed as an asset held for sale. The stations in this category are Lytham,Thornton and Fleetwood. The stations being disposed of are part of the Blackpool Hub project. They are all empty and being actively marketed.

Note 22 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	2023/24 £000	2022/23 £000
At 1 April	**63,755**	**67,354**
Net change in year	(2,725)	(3,599)
At 31 March	**61,030**	**63,755**
Broken down into:		
Cash at commercial banks and in hand	2	2
Cash with the Government Banking Service	61,028	63,753
Total cash and cash equivalents as in SoCF	**61,030**	**63,755**

Note 22.1 Third party assets held by the trust

There are no third party assets held by the trust.

Note 23 Trade and other payables

	31 March 2024 £000	31 March 2023 £000
Current		
Trade payables	675	918
Capital payables	7,817	6,927
Accruals*	40,546	54,221
Social security costs	18	-
VAT payables	1,726	-
Other taxes payable	142	110
Pension contributions payable	11	4,444
Other payables	155	152
Total current trade and other payables	**51,090**	**66,772**

* In 2022/23 accruals contained an amount relating to the pay ward that was agreed late in 2022/23 and was paid to staff in June 2023

Of which payables to NHS and DHSC group bodies:		
Current	383	4,053

Note 24 Other liabilities

	31 March 2024 £000	31 March 2023 £000
Current		
Deferred income: contract liabilities	2,844	2,873
Total other current liabilities	**2,844**	**2,873**

Note 25 Borrowings

	31 March 2024 £000	31 March 2023 £000
Current		
Lease liabilities	3,319	3,149
Total current borrowings	**3,319**	**3,149**
Non-current		
Lease liabilities	15,896	16,838
Total non-current borrowings	**19,215**	**19,987**

Note 26 Provisions for liabilities and charges analysis

	Pensions: injury benefits	Legal claims	Equal Pay (including Agenda for Change)	Redundancy	Other	Total
	£000	£000	£000	£000	£000	£000
At 1 April 2023	**14,695**	**1,416**	**2,116**	**198**	**3,667**	**22,092**
Change in the discount rate	(309)	(79)	-	-	-	**(388)**
Arising during the year	79	284	1,279	4	2,053	**3,699**
Utilised during the year	(779)	(248)	(390)	-	(62)	**(1,479)**
Reversed unused	(256)	(171)	(566)	-	(934)	**(1,927)**
Unwinding of discount	232	16	-	-	-	**248**
At 31 March 2024	**13,662**	**1,218**	**2,439**	**202**	**4,724**	**22,245**
Expected timing of cash flows:						
- not later than one year;	958	136	2,439	202	4,724	**8,459**
- later than one year and not later than five years;	4,430	639	-	-	-	**5,069**
- later than five years.	8,274	443	-	-	-	**8,717**
Total	**13,662**	**1,218**	**2,439**	**202**	**4,724**	**22,245**

The provision relating to other staff pensions consists of £13,662k (2022/23 £14,695k) relating to claims for Personal Injury Benefits recharged by the NHS Pensions Agency. The amounts detailed are amounts that are paid annually to the individuals. The amounts are calculated by the pensions agency following assessment of the individuals claims. The provision includes a prudent assessment of known claims that may result in future liability.

Within legal claims £924k (2022/23 £1,160k) represents an amount payable quarterly to an individual. The remaining £295k (2022/23 £256k) relates to Employers Liability Claims recharged monthly by NHS Resolution as and when cases are successful for which the Trust pays up to the first £10k.

Equal Pay (Agenda for Change) provision relates to expected back-pay liability for Agenda for Change £2.439k (2022/23 £2,115k), which is based upon expected assimilation using national profiles for staff and the associated payscales published within the Agenda for Change Terms and Conditions. Once these staff have assimilated to Agenda for Change contracts the Trust is obliged to pay outstanding arrears (based on national profiles) and have been included within provisions. All outstanding cases are proceeding using the agreed Agenda for Change procedures.

Note 27 Clinical negligence liabilities

At 31 March 2024, £30,467k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of North West Ambulance Service NHS Trust (31 March 2023: £37,129k).

Note 28 Contingent assets and liabilities

	31 March 2024	31 March 2023
	£000	£000
Value of contingent liabilities		
NHS Resolution legal claims	156	90
Gross value of contingent liabilities	**156**	**90**

Note 29 Contractual capital commitments

	31 March 2024	31 March 2023
	£000	£000
Property, plant and equipment *	14,193	9,312
Total	**14,193**	**9,312**

* In 2023/24 £12.6m relates to commitment associated with replacement of Hazardous Area Rescue Team (HART) facilities in Cheshire and Mersey.

Note 30 Financial instruments

Note 30.1 Financial risk management

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the board of directors. Trust treasury activity is subject to review by the Trust's internal auditors.

Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Interest rate risk

The Trust can borrow from government for capital expenditure, subject to affordability as confirmed by NHS England. The borrowings are for 1 – 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The Trust therefore has low exposure to interest rate fluctuations.

The Trust may also borrow from government for revenue financing subject to approval by NHS England. Interest rates are confirmed by the Department of Health and Social Care (the lender) at the point borrowing is undertaken.

Credit risk

The majority of the Trust's revenue comes from contracts with other public sector bodies therefore the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2024 are in receivables from customers, as disclosed in the trade and other receivables note.

Liquidity Risk

The Trust's operating costs are incurred under contracts with ICBs , which are financed from resources voted annually by Parliament . The Trust funds its capital expenditure from available cash funds . The Trust is not, therefore, exposed to significant liquidity risks.

Note 30.2 Carrying values of financial assets

Carrying values of financial assets as at 31 March 2024	Held at amortised cost £000	Total book value £000
Trade and other receivables excluding non financial assets	3,062	**3,062**
Cash and cash equivalents	61,030	**61,030**
Total at 31 March 2024	**64,092**	**64,092**

Carrying values of financial assets as at 31 March 2023	Held at amortised cost £000	Total book value £000
Trade and other receivables excluding non financial assets	17,396	**17,396**
Cash and cash equivalents	63,755	**63,755**
Total at 31 March 2023	**81,151**	**81,151**

There are no financial assets that are held at fair value. The carrying value is a reasonable approximation of fair value.

Note 30.3 Carrying values of financial liabilities

Carrying values of financial liabilities as at 31 March 2024	Held at amortised cost £000	Total book value £000
Obligations under leases	**19,215**	**19,215**
Trade and other payables excluding non financial liabilities	**47,178**	**47,175**
Total at 31 March 2024	**66,393**	**66,390**

Carrying values of financial liabilities as at 31 March 2023	Held at amortised cost £000	Total book value £000
Obligations under leases	**19,987**	**19,987**
Trade and other payables excluding non financial liabilities	**66,772**	**66,772**
Total at 31 March 2023	**86,759**	**86,759**

There are no financial liabilities that are held at fair value. The carrying value is a reasonable approximation of fair value.

Note 30.4 Maturity of financial liabilities

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

	31 March 2024	31 March 2023
	£000	£000
In one year or less	50,687	70,359
In more than one year but not more than five years	5,976	6,069
In more than five years	11,300	11,945
Total	**67,963**	**88,373**

Note 31 Losses and special payments

	2023/24		2022/23	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Losses				
Cash losses	24	14	21	5
Stores losses and damage to property	191	61	322	221
Total losses	**215**	**75**	**343**	**226**
Special payments				
Compensation under court order or legally binding arbitration award	20	111	30	162
Ex-gratia payments	89	785	80	752
Total special payments	**109**	**896**	**110**	**914**
Total losses and special payments	**324**	**971**	**453**	**1,140**
Compensation payments received				

Note 32 Related parties

During the year none of the Department of Health and Social Care Ministers, Trust Board of Directors or members of the key management staff, or parties related to any of them, has undertaken any material transactions with North West Ambulance Service NHS Trust.

The Department of Health and Social Care is regarded as a related party. During the year 2023/24 the Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department. For example :

	Expenditure with Related Party	Income from Related Party	Amounts owed to Related Party	Amounts due from Related Party
	£000	£000	£000	£000
ICBs	58	482,085	-	267
NHS Foundation Trusts	2,981	1,015	157	379
NHS Resolution	3,493		5	
NHS England	28	4,531		45

Related Party balances in 2022/23	Expenditure with Related Party	Income from Related Party	Amounts owed to Related Party	Amounts due from Related Party
	£000	£000	£000	£000
CCGs, ICBs & NHS England	48	465,021	3,400	14,802
NHS Foundation Trusts	2,452	781	589	162
NHS Trusts	257	143	42	-
NHS Resolution	3,525	-	22	-
Care Quality Commission	312	-	-	-
NHS Property Services	685	-	-	-
Department of Health and Social Care	-	125	-	-
Health Education England	-	3,202	-	98

Note 33 Better Payment Practice code

Non-NHS Payables	2023/24 Number	2023/24 £000	2022/23 Number	2022/23 £000
Total non-NHS trade invoices paid in the year	47,136	243,282	49,608	232,941
Total non-NHS trade invoices paid within target	45,040	236,562	47,467	227,434
Percentage of non-NHS trade invoices paid within target	95.6%	97.2%	95.7%	97.6%
NHS Payables				
Total NHS trade invoices paid in the year	555	3,675	483	3,520
Total NHS trade invoices paid within target	538	3,616	473	3,482
Percentage of NHS trade invoices paid within target	96.9%	98.4%	97.9%	98.9%

The Better Payment Practice code requires the NHS body to aim to pay all valid invoices by the due date or within 30 days of receipt of valid invoice, whichever is later.

Note 34 External financing limit

The trust is given an external financing limit against which it is permitted to underspend

	2023/24 £000	2022/23 £000
Cash flow financing	64	3,070
External financing requirement	**64**	**3,070**
External financing limit (EFL)	64	3,070
Under / (over) spend against EFL	**-**	**-**

Note 35 Capital Resource Limit

	2023/24 £000	2022/23 £000
Gross capital expenditure	29,012	26,577
Less: Disposals	(692)	(105)
Plus: Loss on disposal from capital grants in kind and peppercorn lease disposals	163	-
Charge against Capital Resource Limit	**28,483**	**26,472**
Capital Resource Limit	28,483	26,472
Under / (over) spend against CRL	**-**	**-**

Note 36 Breakeven duty financial performance (control total basis)

	2023/24 £000	2022/23 £000
Surplus / (deficit) for the period	1,798	(4,295)
Remove net impairments not scoring to the Departmental expenditure limit	3,664	8,856
Remove I&E impact of capital grants and donations	174	181
Remove net impact of inventories received from DHSC group bodies for COVID response	48	124
Remove loss recognised on peppercorn lease disposals	163	-
Adjusted financial performance surplus / (deficit)	**5,847**	**4,866**

Note 37 Breakeven duty rolling assessment

	2008/09 £000	2009/10 £000	2010/11 £000	2011/12 £000	2012/13 £000	2013/14 £000	2014/15 £000	2015/16 £000
Breakeven duty in-year financial performance		1,041	2,065	1,558	2,707	2,786	513	135
Breakeven duty cumulative position	3,678	4,719	6,784	8,342	11,049	13,835	14,348	14,483
Operating income		242,220	252,840	259,176	261,312	261,944	266,952	282,429
Cumulative breakeven position as a percentage of operating income		1.9%	2.7%	3.2%	4.2%	5.3%	5.4%	5.1%

	2016/17 £000	2017/18 £000	2018/19 £000	2019/20 £000	2020/21 £000	2021/22 £000	2022/23 £000	2023/24 £000
Breakeven duty in-year financial performance	6,965	6,031	5,319	2,982	41	82	4,866	5,847
Breakeven duty cumulative position	21,448	27,479	32,798	35,780	35,821	35,903	40,769	46,616
Operating income	316,422	327,731	341,787	370,582	440,004	469,609	492,694	511,996
Cumulative breakeven position as a percentage of operating income	6.8%	8.4%	9.6%	9.7%	8.1%	7.6%	8.3%	9.1%

Appendix – Glossary of Terms
(This glossary does not form a part of the statutory accounts)

STATEMENT OF COMPREHENSIVE INCOME

- **Income and Expenditure**
  Often called a Profit and Loss account or an Income and Expenditure account. Public Sector accounts tend to use the term Income and Expenditure to indicate that they are non-profit making organisations.

- **Income from activities**
  Income from patient care activities of the trust, usually from Clinical Commissioning Groups as the principle commissioner of services.

- **Other operating income**
  Income from non-patient care services such as commercial training, research funding etc.

- **Operating surplus**
  The surplus generated by the normal operations of the trust before taking into account interest, depreciation, and amortisation

- **Depreciation**
  When a fixed asset is purchased, the cost of that asset needs to be charged to the income and expenditure account over the life of the asset to recognise the contribution of that asset to the work of the trust in each year of ownership. On purchase of a fixed asset, the expected life is assessed, and the cost is spread over that life. The value of the asset therefore diminishes, or depreciates, over time.

- **Amortisation**
  Where depreciation applies to tangible fixed assets, amortisation is the same process for non-tangible fixed assets, such as loans to the trust.

- **Profit / (loss) on disposal of fixed assets**
  The difference between the value of an asset in the balance sheet and the actual sale price of the item. This could be equipment or buildings.

- **Public Dividend Capital (PDC)**
  PDC originated in NHS trusts as the difference between the valuation of its assets and liabilities on establishment as an NHS trust. This originating debt is deemed an asset of the Secretary of State and equates to taxpayers' equity in the organisation. The trust has to make a return on this capital equivalent to 3.5% per annum, and this amount has to be

paid over to the Treasury. The original debt can increase over time due to the allocation of additional capital funds and is repayable over time.

STATEMENT OF FINANCIAL POSITION

- **Fixed Asset / Non-Current Assets**
  An asset that has a life that extends beyond the current financial year and that will generate economic benefits in future accounting periods – as opposed to current assets, which are realisable immediately or in the next accounting period. Fixed assets are typically equipment or buildings.

- **Current Assets**
  These are assets that are held on the balance sheet of the organisation that have an immediate cash value. These include stocks, that could be sold and realise cash quickly, debtors that can be collected quickly to realise cash or cash held in a bank account.

- **Stock / Inventories**
  Material held as stock which could be sold to realise cash quickly. Can either be valued at **cost** where stock is valued in the books at the purchase price or, **net realisable value** where stock is valued in the books at a value that it could reasonably be expected to fetch if it was sold on the open market today.

- **Debtors / Receivables**
  Money owed to the trust for services provided.

- **Creditors / Payables**
  Money owed by the trust for goods and services received.

- **Total Taxpayers' Equity**
  See Public Dividend Capital

NOTES TO THE ACCOUNTS

- **Historical Cost Convention**
  The value of an asset carried in the balance sheet is the amount paid for it on the purchase date.

- **Accruals Convention**
  The accounts are prepared taking account of all income received and receivable, and all expenditure paid and payable for the goods and services delivered and received in the period and are not based on cash receipts and payments in the period.

- **Off Balance Sheet**
  Refers to fixed assets that are in use by the trust, but which are not technically 'owned' by the organisation, and therefore do not appear in the balance sheet. An example of this would be operating leases, where equipment, such as vehicles, is leased by the organisation but never comes into our ownership.

- **Liquid Resources**
  Resources that can be released quickly to enable the organisation to settle debts. Typically, cash in hand or in the bank in short term accounts.

- **Prepayment**
  Where the trust has paid in advance for goods or services – for example, quarterly payment in advance for telephone rentals.

- **Deferred Income**
  Income received in the financial year but deferred to a subsequent accounting period because the relevant services will be provided in that future accounting period.

- **Reserves**
  Funds set aside in recognition of a future event, project, or change, where the need has been recognised but the event has not happened.

TERMINOLOGY

- **Going Concern Basis**
  The accounts are prepared on the basis that the trust will still be in existence in the next financial year, and that it will therefore be in a position to recover any debtors due to it, and that it will be around to cover its long term liabilities. If it is likely that an organisation will not be in existence beyond this set of accounts, then long term liabilities would become immediately due, and the position of long term debtors would be called into question, resulting in the need to recognise that in the results presented in this set of accounts.

- **Capital Expenditure**
  The amount expended by the trust that enhances the value of fixed assets whose useful life extends beyond the current accounting period.

- **Revenue Expenditure**
  Expenditure on the day to day operations of the trust, pay and rations as opposed to capital expenditure.

- **Consumables**
  Non pay expenditure on items that have a life of less than one year and are therefore not fixed assets. The term relates to everything from drugs, uniform, stationery through to pieces of disposable equipment.

- **Integrated Care Systems (ICS)**
  ICSs have brought together commissioners of NHS services with health and care providers and other partners who work together to deliver services which meet the needs of specific populations. From 1 July 2022, Integrated Care Boards (ICB) became statutory bodies under the Health and Care Act 2022. ICBs have taken on the commissioning functions of CCGs as well as some of NHS England's commissioning functions.

- **Liability**
  A situation where an organisation has an obligation to pay for something that has already occurred, and around which there is certainty, but is not yet physically paid for.

- **Provisions**
  An allowance in the accounts for a known item, but where the value or timing of the event giving rise to it is uncertain. An example may be where a pay award from 1 January in a given year has not yet been agreed, and the settlement date is uncertain. The organisation would typically provide an estimate for inclusion in the accounts to ensure that the relevant charge to Income and Expenditure is made in the correct year.

- **Contingent Liability**
  A situation where a financial obligation to pay for something that has already happened may arise, but where there is uncertainty or where the final value is difficult to quantify due to dependencies on other things. For example, an outstanding legal claim against the organisation, where if the verdict goes against the organisation, there will be an obligation to pay for an unquantifiable amount. Amounts carried in the accounts under this heading will inevitably be estimates based on the best information available at the time.

- **Value Added Tax (VAT)**
  May be in the form of **output tax** – VAT charged on sales, or **input tax** – VAT paid on purchases. In the NHS, normal NHS healthcare activity does not attract VAT.

- **Post Balance Sheet Event**
  Something that is recognised after the accounts have been finalised, but before publication, which impacts on the results as they are presented, and has a significant impact on how the results should be interpreted.

- **Risk Pooling Scheme**
  This is essentially the NHS insurance scheme, where we pay an annual premium to cover any insurance claims that may arise during the year. The scheme covers all the usual insurance risks around buildings, equipment, fire etc, as well as clinical negligence issues.

- **NHS Resolution**
  NHS Resolution (NHSR) is the body responsible for handling negligence claims against NHS organisations. NHSR also advises NHS organisations on risk management.

- **Losses and Special Payments**
  Any payments made in respect of bad debts, stock write offs, insurance excesses or compensation payments that are not considered a part of the normal business of the trust.

Things to consider when reading a set of accounts

- **True and Fair View**
  A set of annual accounts is a snapshot at a point in time of how the business is performing. Is it profitable? Is it viable? Is it fit for purpose? It is not and probably never will be 100% accurate. What is important is that the accounts present a fair reflection of performance and viability, and that the items presented in there have been treated according valid and accepted accounting principles and can be explained and justified in that context.

- **No Surprises**
  The annual accounts should only ever confirm what the Board have been expecting in light of the monitoring reports that have been presented by Director of Finance during the year and should bear a close resemblance to figures reported at Month 12. If there are significant differences between what the Board was expecting, or from the Month 12 report, then the Director of Finance should include explanations for this in a commentary that accompanies the accounts, and the auditors should be asked to comment on any items of significance.

- **Previous Year**
  It can be useful to compare this year's figures with those of the previous year. Again, the Board should already be aware of any significant movements, and the reasons for them, so any changes should be expected. If there are any changes that have not been explained, then these should be queried, and satisfactory explanations obtained to approval.

- **Fixed Assets / Non-Current Assets**
  The Board should be assured that the changes in the fixed asset figures from one year to another reflect the decisions made by the Board on capital investment and disposals during the year. If a revaluation has taken place during the year, this should be explained in the notes, and the Board should ensure that they are fully aware of the impact that this has had on both the Income and Expenditure account and Balance Sheet.

- **Current Assets**
  Again, differences between years should be looked at. Particular things to look for include:
  - **Stock** – large swings in stock levels year on year can indicate that stock management is inefficient. As a general rule, the trust should look to carry out as little stock as possible commensurate with ensuring that the right supplies are available at the right time. A very large reduction in stocks in any given year, combined with a reduction in cash balances, may be an indication that the trust is experiencing cash flow problems.
  - **Debtors** – high levels of debtors may be a result of inefficient debt collection in the trust, and this may be impacting on the cash flow performance.

- **Cash at bank and in hand** – this is an indication of the liquidity of the trust. We should make sure that we have sufficient readily accessible cash available to meet our immediate needs. Significant swings from year to year may indicate that cash management is not as efficient as it should be.

Further Information

Contact the Director of Corporate Affairs at the address, e-mail, or telephone number below for information about the Board of Directors or if you would like:

- To view the register of Board of Directors' interests
- To contact the Chair or any member of the Board of Directors
- Information about Board of Directors meetings which are open to the public. Details of meetings are also available on the trust's website.

To contact the Chief Executive's office for more information or if you have any comments

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